MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09118

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 22 LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7117 Sycamore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 22
STREET ADDRESS (If rural give location) 7117 Sycamore Avenue

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) DEAN (Last) ALBIN

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: November 28, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Frederick County, Virginia 73
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Harvey Albin
14. MOTHER'S MAIDEN NAME: Nora Small

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Florence C. Albin, 7117 Sycamore Ave T.P. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cardiac hypertrophy
434.3
Immediate cause (a) due to constant chewing of tobacco since childhood
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cardiac hypertrophy
DUE TO tobacco heart.
(c)

Interval Between Onset And Death: 3 years +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from summer, 1950, to Sept 16, 1953, that I last saw the deceased alive on Sept. 16, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Julia M. Green, M.D. ADDRESS 1726 Eye St. N.W. Washington DATE SIGNED Sept. 16, '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 21-1953
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Stephens City, Virginia
DATE REC'D BY LOCAL REGISTRAR Sept-16-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED
SEP 18 1933
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09119

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 22
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: V48-3
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3930 Conn. Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Joy (Middle) Herlen (Last) Allen
4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12-24-90
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cheyenne, Wyoming 47
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Colwell
14. MOTHER'S MAIDEN NAME: Genevieve Farrar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Old Hosp. Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

174X Immediate cause (a) Acute myocardial failure 24 hrs onset

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) adenocarcinoma of Spine, Liver, (metastasis) 7-31-53
DUE TO (c) adenocarcinoma of uterus anaplastic ?

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma Chr. hepatitis

19a. DATE OF OPERATION: 7-31-53-8-5-53
19b. MAJOR FINDINGS OF OPERATION: Anaplastic adenocarcinoma of uterus
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1953, to Sept. 12, 1953, that I last saw the deceased alive on Sept. 11, 1953, and that death occurred at 2:30 am, from the causes and on the date stated above.
SIGNATURE Paul E. Ant M.D. (Degree or title) ADDRESS 4847 Ill Ave NW Wash. D.C. DATE SIGNED 9-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
DATE THEREOF 9/12/1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cremation
LOCATION (City, town, or county) Suitland (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Sept 12 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Jas. Lacombe Sons 1756 Pa. Ave NW Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09120

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney X
LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen. Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural, give location) R.F.D. 2

3. NAME OF DECEASED (Type or Print) (First) Sara (Middle) Elizabeth (Last) Allmett
4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-20-1858
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Ons
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Allmett
14. MOTHER'S MAIDEN NAME Elizabeth Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

902.0 Immediate cause (a) Shock - Fracture of Rt. hip — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Gaithersburg (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-53 - 4 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from chair to floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 9-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 30 53
NAME OF CEMETERY OR CREMATORY Goshen Md
LOCATION (City, town, or county) Montgomery Co (State)
DATE REC'D BY LOCAL REG. 9-30-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Glenmiddle Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 5 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09121

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 Wayne Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 702 Wayne Avenue

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) Thomas (Last) Allpress

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/30/1900

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Concrete construction, Lipscomb Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C. 48

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Elmer Allpress

14. MOTHER'S MAIDEN NAME: Caroline C. Reiff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY No.: 218-22-0078

17. INFORMANT & ADDRESS: Mrs. Medeline E. Allpress, 702 Wayne Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 14 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION: 8 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1948, to Sept 6, 1953, that I last saw the deceased alive on Sept 6, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W B Wanless M D — ADDRESS 837 Bonifant St Silver Spring — DATE SIGNED Sept 6 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/9/53 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 9-8-53 — REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Warner & Dunphrey — ADDRESS 8434 Georgia Avenue Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09122

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; MARYLAND; LENGTH OF STAY (In this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Club Golf course

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY V45-3; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1349 Kennedy Street

3. NAME OF DECEASED (Type or Print): (First) ~~Kent~~ Linden (Middle) Kent (Last) Ashford

4. DATE OF DEATH: (Month) September (Day) 12 (Year) 53 19 5

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: apr 19 1892

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): architect

10b. KIND OF BUSINESS OR INDUSTRY: woodward & Lothrope

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jefferson D Ashford

14. MOTHER'S MAIDEN NAME: Edna Lee Cockrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-01-3376

17. INFORMANT AND ADDRESS: Mrs. Laura Ashford Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Emil J. Dauerspeck M.D. ADDRESS: Berkeley Md DATE SIGNED: 9/12/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: Sept 16 - 53 | NAME OF CEMETERY OR CREMATORY: Arlington Cem | LOCATION (City, town, or county): Arlington (State): Va

DATE REC'D BY LOCAL REG. 9-12-53 | REGISTRAR'S SIGNATURE: Gertrude E Lawler

24. FUNERAL DIRECTOR: The S H Hines Co ADDRESS: 2901-14th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
MARYLAND LENGTH OF STAY (In this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2248 Washington Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2248 Washington Avenue

3. NAME OF DECEASED (Type or Print): (First) NOTEN (Middle) D. (Last) BALLANTINE

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 12, 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months 5 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: RR-Tele. Oper.

11. BIRTHPLACE (State or foreign country): Booneville, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Ballantine

14. MOTHER'S MAIDEN NAME: Martha Dickenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W.1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Same as Mrs. Elizabeth S. Ballantine-Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brockhart M.D.
ADDRESS: Gaithersburg Md
DATE SIGNED: 9-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-9-53
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 9-9-53
REGISTRAR'S SIGNATURE: Frances Fuller
24. FUNERAL DIRECTOR: Robert A. Humphreys
ADDRESS: Bethesda, Md

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RECEIVED
SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X
LENGTH OF STAY (in this place) 1 month 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Barber
4. DATE OF DEATH: (Month) September (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11/30/71
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Greenberry Barber
14. MOTHER'S MAIDEN NAME: Sallie Beall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 3 months

DUE TO as manifested by Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Glomerulonephritis — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☑ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to Sept. 1, 1953, that I last saw the deceased alive on Sept. 1, 1953, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Sept. 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 4 1953
NAME OF CEMETERY OR CREMATORY Salem Cooper Md
LOCATION (City, town, or county) Montgomery Co Md (State)
DATE REC'D BY LOCAL REGISTRAR 9-3-53
REGISTRAR'S SIGNATURE Gertrude B Gawler
24. FUNERAL DIRECTOR Roy W. Barber
ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sant Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7000 Wildwood Drive

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) ETHEL (Last) BARNES
4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 27, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Roche
14. MOTHER'S MAIDEN NAME: Mary Herbert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Patients Chart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hemorrhage, Cerebral, Region of Right Internal Capsule. — 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis, generalized, moderate — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis, Chronic.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1953, to Sept 28, 1953, that I last saw the deceased alive on Sept 28, 1953, and that death occurred at 19.15 am, from the causes and on the date stated above.
SIGNATURE: [illegible] Anderson (Degree or title) MD. ADDRESS 7600 Carroll ave Takoma Park Md. DATE SIGNED 9.28.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 1-1953
NAME OF CEMETERY OR CREMATORY Mt Olivet Cem
LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REGISTRAR Sept 28-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. F. Costello ADDRESS 1722 No. Cap St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

At 10:15 A.M. I called Dr. Brochart, Medical Examiner, and that he requested that Col. Cornell proceed with autopsy, and that the death certificate be filled out accordingly.

C K Anderson M D

RECEIVED
OCT 1 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09126

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY Harrison
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bridgeport V-45
STREET ADDRESS (If rural give location) 526 Water Street

3. NAME OF DECEASED: (Type or Print) (First) Winifred (Middle) (None) (Last) Barnett

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 7, 1927
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months 8 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Bridgeport, West Virginia. 25
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Fred Binegar
14. MOTHER'S MAIDEN NAME: Isabell Elliott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: Elmer M. Barnett: same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Asthma, allergen unknown. DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1953 to Sept. 24, 1953, that I last saw the deceased alive on Sept. 24, 1953 and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE B. L. CANADA Jr., (Degree or title) CDR MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED September 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial
DATE THEREOF September 25 1953
NAME OF CEMETERY OR CREMATORY Franklin Benedum Cemetery
LOCATION (City, town, or county) (State) Bridgeport, West Virginia

DATE REC'D BY LOCAL REGISTRAR 25 September 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR CHAMBERS FUNERAL HOME, ADDRESS 3072 "M" Street, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center X National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: V-45-
STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 22 E. Custis Avenue

3. NAME OF DECEASED: (Type or Print) (First) Berta (Middle) - (Last) Belt

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 10, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Proofreader

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peyton Pinnick

14. MOTHER'S MAIDEN NAME: Famie (last name not given)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: 57-809-9460

17. INFORMANT & ADDRESS: Medical Records--The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Melanoma with generalized metastasis — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-15-53

19b. MAJOR FINDINGS OF OPERATION Biopsy of skin showed malignant melanoma

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) -- (COUNTY) -- (STATE) --

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 9-1-, 1953, to 9-27-, 1953, that I last saw the deceased alive on 9-27, 1953 and that death occurred at 7:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stanley Green, M.D. Sen. Dept. Surg. U.S.P.H.S. (R.) ADDRESS Bethesda, Md DATE SIGNED 9-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/29/1953 NAME OF CEMETERY OR CREMATORY Ivy Hill Cem. LOCATION (City, town, or county) (State) Alexandria Va

DATE REC'D BY LOCAL REGISTRAR 9/28/53 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR W. Fenning Lam ADDRESS Funeral Home Alexandria, Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville | LENGTH OF STAY (In this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Mariah (Last) BENSON

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: June 25 1867 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. A. Marlow

14. MOTHER'S MAIDEN NAME: Martha Magruder Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Mrs. Etta Benson - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Bradycardia — 1 year

(c) Senility — years.

433.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to Sept 18, 1953, that I last saw the deceased alive on Sept. 16, 1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Richard A. Yates M. D. | Olney Md | Sept 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF Sept 20 1953 | NAME OF CEMETERY OR CREMATORY Salem | LOCATION (City, town, or county) (State) Brookeville Md Montgomery Co

DATE REC'D BY LOCAL REG. 9-20-53 | REGISTRAR'S SIGNATURE Gertrude B Lawler | 24. FUNERAL DIRECTOR Roy W Barber | ADDRESS Poolesville Md

VS. A15

RECEIVED
SEP 25 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9129

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 8908 Grant Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Clifford (Last) Billig
4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 30 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Lawyer Educator
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Peter Billig
14. MOTHER'S MAIDEN NAME: Gould

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Marie C. Billig (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept 21, 1953, that I last saw the deceased alive on 4/20, 1953, and that death occurred at 7 40 pm, from the causes and on the date stated above.

SIGNATURE William H. Gadot M.D. (Degree or title) 8016 Georgetown Rd. Beth Md ADDRESS DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/24/53 NAME OF CEMETERY OR CREMATORY Parklawn LOCATION (City, town, or county) Montg. Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/22/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 - Ge ave S.S. Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 900 N. Kansas St.

3. NAME OF DECEASED (Type or Print) (First) Mettie (Middle) Olive (Last) Bowers
4. DATE OF DEATH (Month) Sept. (Day) 3 (Year) 1953
5. SEX Female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widow
8. DATE OF BIRTH June 14-1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Stinson
14. MOTHER'S MAIDEN NAME Matilda Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clarence H. Bowers, 900 N. Kansas Av. Arlington Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1512

Immediate cause (a) Carcinoma of stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 mo 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1953, to 9/3, 1953, that I last saw the deceased alive on 9/1, 1953, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE C. Higon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 9/3/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-6-53
NAME OF CEMETERY OR CREMATORY Greenhill Cemetery
LOCATION (City, town, or county) Luray (State) Va.
DATE REC'D BY LOCAL REG. 9-3-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E. Pumphrey Inc. ADDRESS Silver Spring, Md.

RECEIVED
[illegible] 1953
BUREAU V. [illegible]

Item 4 - Film G158 9/10/53 - mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1226 Saratoga Ave N.E.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) BRADSHAW
4. DATE OF DEATH: (Month) Sept. (Day) 6, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 24, 1871
9. AGE last birthday: 81 8/12 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Social Dyston Club
11. BIRTHPLACE (State or foreign country): Wash, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Bradshaw
14. MOTHER'S MAIDEN NAME: Elizabeth Cass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-30-3557-A
17. INFORMANT & ADDRESS: Mrs. Estelle Bradshaw (wife) 1226 Saratoga Ave. N.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 3 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized arteriosclerosis — 20 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1953 to 9-6, 1953 that I last saw the deceased alive on 9-6, 1953 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Haughton Mgr. ADDRESS Silver Spring Md. DATE SIGNED 9-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 10, 1953 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State) Wash, D.C.

DATE REC'D BY LOCAL REGISTRAR Sept. 6th 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300-44 St N.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FD 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Acres
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5517 Greenway Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Acres
STREET ADDRESS (If rural, give location) 5517 Greenway Drive

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) L. (Last) BROADHEAD

4. DATE OF DEATH (Month) Sept. (Day) 16, (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-18-1904
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Alexander L. Broadhead
14. MOTHER'S MAIDEN NAME Edith Latta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Oliver H. Bair Co.-1820 Chestnut Stre Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Coronary occlusion	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. hypertensive Heart disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Bauersfeld (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 9/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal-Cremation
DATE THEREOF 9-17-53
NAME OF CEMETERY OR CREMATORY West Laurel Hill
LOCATION (City, town, or county) (State) Montg. Co., Pennsylvania

DATE REC'D BY LOCAL REG. 9/17/53
REGISTRAR'S SIGNATURE Bessie M. Frampton
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]3

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 329 Rhode Island Avenue, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Eunice (Middle) Mae (Last) Brumage

4. DATE OF DEATH: (Month) September (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 10, 1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Savage, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William M. Short

14. MOTHER'S MAIDEN NAME: Ida Mae Waskay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Husband: William H. Brumage Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rupture, Cerebral Vascular Aneurysm — Interval Between Onset And Death 14 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 25 19 53, to Sept. 21, 19 53, that I last saw the deceased alive on Sept. 21 1953 and that death occurred at 3:10 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) J.R. CHAHAHAN, LT MC USN — ADDRESS U.S.Naval Hospital,NNMC,Bethesda,Maryland. — DATE SIGNED September 22,1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF September 24,1953 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR September 22, 1953 — REGISTRAR'S SIGNATURE Elliott Whittington

24. FUNERAL DIRECTOR — ADDRESS S.H.Hines Funeral Home, 2901 14th. Street, N.W., Washington, D.C.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5053 Bradley Boulevard

3. NAME OF DECEASED (Type or Print) (First) Randall (Middle) Barton (Last) Burke
4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 1953
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 4, 1920
9. AGE last birthday 33 yrs. If under 1 year Months 1 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab driver
10b. KIND OF BUSINESS OR INDUSTRY WE Cab Dempe
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Eugene (?) Burke
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY No. 427-05-3012
17. INFORMANT AND ADDRESS Mrs Betty Lou Burke 5053 Bradley Boulevard

[illegible]

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
97 Immediate cause	(a) Anoxia	1 hr ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Synergistic Alcohol & Barbiturate poisoning	2 hrs ?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fatty liver (3,000 gms.)

19a. DATE OF OPERATION 1
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE Frank J. Brosnhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 9-18-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/22/1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 9/21/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP
BUREAU V. S.

Item 7 Film G158 9/25/53 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 42 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Monigomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5108 Wessling Lane
STREET ADDRESS (If rural give location) Bethesda, Md.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Fairbanks (Last) Burton.
4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 27-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas W. Cross.
14. MOTHER'S MAIDEN NAME: Laura Alice Glanville.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 6404 Howell Rd. Bethesda Md. Daughter - Mrs Gwendolyn Bowen

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebrovascular accident
DUE TO c̄ Hypertension

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertrophied goitre c̄ Malignancy
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Sept 14, 1953, that I last saw the deceased alive on 9-14, 1953, and that death occurred at 8:55 A.M.; from the causes and on the date stated above.

SIGNATURE W. Doyle (Degree or title) MD
ADDRESS Bethesda Md
DATE SIGNED 9-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/17/1953
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 9/15/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (If hospital, etc.) 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 240 N. Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) 240 N. Washington St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Forrest	Agustus	Carroll	Sept	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	col	Widowed	June 15, 1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholsterer		Maryland	U.S.A.

13. FATHER'S NAME Henson Carroll

14. MOTHER'S MAIDEN NAME Agatha Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Clarice Carroll, Rockville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac failure	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	1 yr.
	(c)	

42[illegible]2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Borchart	M.D.	Gaithersburg Md	9-6-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/9/53	Hart's	Rockville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/11/53	Helen Eckenfelder	Robert L. Snowden	Rockville Md

mnl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 11 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, MD.~~

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 So. Adams Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural give location) 118 So. Adams Street

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE LEE (Middle) (Last) CECIL

4. DATE OF DEATH: (Month) (Day) (Year) September 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan, 10, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U.S. Gov't., Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.
11. BIRTHPLACE (State or foreign country): Comus, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George M. Cecil
14. MOTHER'S MAIDEN NAME: Sarah Roelke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-12-0502
17. INFORMANT & ADDRESS: Anice J. Cecil- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15th X

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cholemia — 1 week

DUE TO (c) Diffuse Carcinomatosis — 2 Mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 22, 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas c̄ Metastasis
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1953, to Sept 11, 1953, that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 5:00 AM Sept 12, from the causes and on the date stated above.

SIGNATURE (Degree or title) William Frank, M.D. ADDRESS 1014 Viers Mill Rd. Rockville DATE SIGNED Sept. 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-14-53
NAME OF CEMETERY OR CREMATORY Hyattstown Church Cem.
LOCATION (City, town, or county) (State) Hyattstown, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 15, 1953
REGISTRAR'S SIGNATURE Helen S. Eckenfelder Sec'y.
24. FUNERAL DIRECTOR Robert A. Cumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda-rural X
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural give location) 140 Fairmont Street

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Elizabeth (Last) Chaney

4. DATE OF DEATH: (Month) (Day) (Year) September 17 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 12, 1915

9. AGE last birthday: 38 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jamaica, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kopyt

14. MOTHER'S MAIDEN NAME: Agnes Maciolek

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Husband: Clarence M. Chaney, same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of ovary — 11 mon.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED Whlie at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 12, 1953, to Sep., 17, 1953, that I last saw the deceased alive on Sep., 17, 1953, and that death occurred at 7:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.G. Busby J.G. BUSBY, LT, MC, USN, U.S. Naval Hospital, Bethesda, Maryland September 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 21 1953

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR September 18, 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
SEP 2_ 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 32½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 910 Grandin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Linfell (Last) Chapman
4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 10-23-76
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Chapman
14. MOTHER'S MAIDEN NAME: Sarah Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cardio-respiratory failure — Interval Between Onset And Death: 15 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Thrombosis — 3 days

DUE TO

(c) Cerebral Arteriosclerosis — Indef

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952, to 9/2/, 1953, that I last saw the deceased alive on 9/3/, 1953, and that death occurred at 5:10 AM, from the causes and on the date stated above.

SIGNATURE Stephen N. Jones (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 9/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-5-53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 4th 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AH

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia
STREET ADDRESS (If rural give location) 1841 Columbia Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) (none) (Last) Cohen

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Cane
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-2-91
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Brodofky
14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Liver & Bowel — Interval Between Onset And Death 1½ yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Colon — 2½ yrs (?)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Card-Vasc Disease —

19a. DATE OF OPERATION: May 1952
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1953, to 9-1, 1953, that I last saw the deceased alive on 9-1, 1953, and that death occurred at 11:35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare MD
ADDRESS Takoma Park, Md.
DATE SIGNED 9/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF Sept 3 1953
NAME OF CEMETERY OR CREMATORY Gas avetyrada Cem.
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Sept 2nd
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B Danyansky & Son
ADDRESS 3501-14th St. N.W. Wash-D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 4 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8013 Eastern Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Mary (Last) Cohen

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-7-79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Hale
14. MOTHER'S MAIDEN NAME: Rose Weikel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: (Daughter) Mrs. Rose Proper - Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval Between Onset And Death: 7 hrs

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Unknown
DUE TO (c) Fewed Embolism Rt — 10 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to Sept 22, 1953, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 7.55 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) W B Wardrop MD. ADDRESS 837 Bonifacio & Silver Spring DATE SIGNED 9/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/25/53
NAME OF CEMETERY OR CREMATORY Balto Hebrew
LOCATION (City, town, or county) Belair Rd (State)
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE 9-24-53 A.W. Hedrich dmr.
24. FUNERAL DIRECTOR J. Ahrens, Co
ADDRESS 2432 Reisterstn Rd. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) Box 123

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Benjamin (Last) Coleman
4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Railroad man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Coleman
14. MOTHER'S MAIDEN NAME: Annie Coleman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: 705-10-2021
17. INFORMANT & ADDRESS: Carrie Coleman - Gaithersburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Cardiac failure + exhaustion — Interval Between Onset And Death 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Prostatic ca c̄ metast. - Pulmonary

DUE TO (c) Neoplasm, Pyelonitis.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Sept., 1953, to 8 Sept., 1953, that I last saw the deceased alive on 8 Sept., 1953, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE John B Ziegler (Degree or title) MD ADDRESS Olney, Md DATE SIGNED 9 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 11 1953 NAME OF CEMETERY OR CREMATORY Forest Oak LOCATION (City, town, or county) Gaithersburg Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-9-53 REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 19..3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, color, and place of birth are important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring X
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8506 Greenwood Avenue Y

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8506 Greenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Cunningham

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/11/79

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Cunningham

14. MOTHER'S MAIDEN NAME: Mary Crown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 216-22-1046-A

17. INFORMANT AND ADDRESS: Mrs. Ella Cunningham, 8506 Greenwood Ave. Silver Spring, Maryla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instant
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. cardio-vascular degeneration	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH:

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Carl L Bamford M.D. (Degree or title) ADDRESS: Parkside 2-6 DATE SIGNED: 9/15/53

DISPOSITION (Burial, Cremation, Removal, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/16/53	Parklawn Cemetery	Montgomery County, Maryland

DATE RECD BY LOCAL REG. 9 5 53 — REGISTRAR'S SIGNATURE: Harvey [illegible] — 24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 242 Holbrook Terrace, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) A (Last) Daly

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 22 1903

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Market-Daly Co.

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Daly

14. MOTHER'S MAIDEN NAME: Catherine Virginia McNamara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: Mr. Leslie A. Daly, 4402 East West Highway Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1

Immediate cause (a) Cirrhosis of liver — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) alcoholism

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1953, to 9-19, 1953, that I last saw the deceased alive on 9-19, 1953, and that death occurred at 2:40 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Bethesda Md DATE SIGNED 9-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/22/1953 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REGISTRAR 9/23/53 — REGISTRAR'S SIGNATURE Lissie M. Simpson — 24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 25 1963
BUREAU V. 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Garrett Park
STREET ADDRESS (If rural give location): 44 Rodeby Avenue

3. NAME OF DECEASED: (First) Margaret (Middle) Jeanette (Last) Dempsey

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12, 1917

9. AGE last birthday: 36 yrs. — IF UNDER 1 YEAR: Months 1 Days 22 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Lock Haven, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Seltzer

14. MOTHER'S MAIDEN NAME: Helen Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Husband: John J. Dempsey; Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Embolism, pulmonary following operation — 10 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pelvic phlebothrombosis — ?

DUE TO

(c) Osteomyelitis, 1st left metatarso phalangeal joint

730.3

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1953, to Sept. 4, 1953, that I last saw the deceased alive on Sept. 4, 1953, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE: C. A. Stevenson — (Degree or title) — ADDRESS — DATE SIGNED

C. A. STEVENSON, CDR MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. September 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial — DATE THEREOF: September 5, 1953 — NAME OF CEMETERY OR CREMATORY: Highland Cemetery — LOCATION (City, town, or county) (State): Lock Haven, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: September 4 1953 — REGISTRAR'S SIGNATURE: Ethel Whittington

24. FUNERAL DIRECTOR — ADDRESS: R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

RECEIVED
SEP 9 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 16

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,022 Dallas Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 10,022 Dallas Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) M. (Last) Dobrowolski

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 9/30/78

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Vet. Admr. (retired) U.S. Gov't.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owego, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Wright

14. MOTHER'S MAIDEN NAME: Mary Connell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Paul A. Dobrowolski, 10,022 Dallas Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Generalized metastatic carcinomatosis abdomen and thoracic — Interval Between Onset And Death 1 1/2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Primary carcinoma sigmoid — 3 mo
DUE TO (c) Generalized toxemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Aug 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept. 27, 1953, that I last saw the deceased alive on Sept. 26, 1953, and that death occurred at 12:58 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. F. Ottaman M.D. — ADDRESS 401 Kennedy St NW. — DATE SIGNED Sept. 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/30/53 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 9-30-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maude	H	Dorsey	Sept	29	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		6-16-1878	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home		U.S.A.

13. FATHER'S NAME — Dorsey
14. MOTHER'S MAIDEN NAME — Mary Frost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
974X Immediate cause	(a) Asphyxia due to hanging	Found dead in cellar of home
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Hung self by neck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchat M.D.	Gaithersburg Md	9-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 1 1953	Oaklawn Mem. Park	Rockville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-30-53	Gertrude B Fawcett	C. W. Stanley Funeral Home	Rockville Md

RECEIVED
OCT 5 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Pamela (Middle) Ann (Last) Dorsey
4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 9.23.53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ellsworth Franklin Dorsey
14. MOTHER'S MAIDEN NAME: Mary Ellen Prather

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5

Immediate cause (a) Cerebral Hemorrhage - due to prematurity + rapid uncontrolled delivery

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.23, 1953, to 9.25, 1953, that I last saw the deceased alive on 9.24, 1953, and that death occurred at 4:00 am, from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Sept. 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-25-53 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] MD

2093233402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY X
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME - OLD BALTIMORE RD. OLNEY. MD X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOM
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY, MD. X
STREET ADDRESS (If rural give location) OLD BALTIMORE RD. OLNEY, MD.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) JONES (Last) DOWNEY
4. DATE OF DEATH: (Month) SEPT. (Day) 14 (Year) 1953

5. SEX: M
6. COLOR OR RACE: WH
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 16 FEB.-1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER
11. BIRTHPLACE (State or foreign country): LIBERTY. MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN DOWNEY
14. MOTHER'S MAIDEN NAME: ELIZABETH JOHNSON

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: B. DORSEY DOWNEY, SANDY SPRING MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
177X
Immediate cause (a) CARCINOMATOSIS GEN.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) METASTASIS
DUE TO
(c) PROSTATIC CARCINOMA

Interval Between Onset And Death: 5 YRS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY + GEN. ARTERIOSCLEROSIS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 APRIL, 1953, to 14 SEPT., 1953, that I last saw the deceased alive on 14 SEPT., 1953, and that death occurred at 9:30 PM (HOME), from the causes and on the date stated above.

SIGNATURE John Bosley Ziegler (Degree or title) M.D. ADDRESS OLNEY, MD DATE SIGNED 14 Sept 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9/17/53
NAME OF CEMETERY OR CREMATORY Friend's Cemetery
LOCATION (City, town, or county) (State) Sandy Spring, Montgomery Co. Md.
DATE REC'D BY LOCAL REGISTRAR 9-15-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E Pumphrey, ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write and give nearest town) Seneca X RURAL LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg, R.F.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seneca X
STREET ADDRESS (If rural give location) Gaithersburg, R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Golden (Middle) Driver (Last)
4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1953
5. SEX: MALE male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Apr. 23, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Golden Driver
14. MOTHER'S MAIDEN NAME: Harriett Ann Conley
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hattie Driver, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 163X

Immediate cause (a) Cancer of lungs, DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Sept 16, 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 2:15 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Gaithersburg, Md DATE SIGNED Sept 23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/24/53 NAME OF CEMETERY OR CREMATORY Seneca LOCATION (City, town, or county) (State) Seneca, Md.
DATE REC'D BY LOCAL REGISTRAR 9/23/53 REGISTRAR'S SIGNATURE Helen Eckenfelder
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

mnb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
SEP 25 19[illegible]
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 133 E. Woodbine Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 133 E. Woodbine Street

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) A. (Last) Duncan

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 4, 1904	48 yrs.	9	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cab Driver	Transportation	Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
G. Alexander Duncan	Elizabeth Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	578-10-5965	Helen J. Duncan-Item 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
973.1 Immediate cause	(a) Asphyxia due to carbon	Found dead in car at home
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Monoxide gas poisoning	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Boschert	M.D.	Gaithersburg	md 9-23-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-24-53	Melrose Church Cem.	Lodge, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/23/53	[illegible]	Robert H. Dunphey	Bethesda, Md.

RECEIVED
SEP
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda-rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1703 "V" Street, S.E.

3. NAME OF DECEASED: (First) Benjamin (Middle) Fuller (Last) Edwards, Jr.

4. DATE OF DEATH: (Month) September (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: September 4, 1953

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months 00 Days 06 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Fuller Edwards, Sr.

14. MOTHER'S MAIDEN NAME: Janice Hilliard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Benjamin F. Edwards Sr, same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7776x

Immediate cause (a) Immaturity — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1953, to Sept 10, 1953, that I last saw the deceased alive on Sept 10, 1953, and that death occurred at 4:32 AM, from the causes and on the date stated above.

SIGNATURE H.O. Randel (Degree or title) ADDRESS September 10, 1953 DATE SIGNED

H.O. RANDEL, LT, MC, USN, U.S. Naval Hospital, NNMC, Bethesda, Montgomery, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Sept. 13, 1953

NAME OF CEMETERY OR CREMATORY Johnson's Church

LOCATION (City, town, or county) (State) Warrenton Ga

DATE REC'D BY LOCAL REGISTRAR September 10, 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Carl B. Mock, Warrenton, Ga.

ADDRESS

2093201361

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 53 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS (National Institutes of Health) The Clinical Center X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 6238 Valley Road

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) S. (Last) Evans
4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 15, 1913
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Agriculturalist
10b. KIND OF BUSINESS OR INDUSTRY: Plant Industry
11. BIRTHPLACE (State or foreign country): Kansas 14
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Evans
14. MOTHER'S MAIDEN NAME: Libbie I. Saxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Medical Records--The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

Immediate cause (a) Bronchopneumonia, Left Upper Lobe — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma metastatic, liver, adrenals bilaterally, and periaortic lymph nodes.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ------
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 7-21, 1953, to 9-12, 1953, that I last saw the deceased alive on 9-12, 1953, and that death occurred at 8:10 AM, from the causes and on the date stated above.

SIGNATURE J. L. Fahey, M.D. (Degree or title) ADDRESS National Institutes of Health DATE SIGNED 9-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-15-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9/14/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1883
BUREAU V. S.

Items 3,4,8,&9 Film G158 9/29/53mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 1 Mo. 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland 18 X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) OLIVER (Last) EWING

4. DATE OF DEATH: (Month) SEPT. (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 3, 1883

9. AGE last birthday: 70 Yrs. IF UNDER 1 YEAR Months 9 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): U.S.Marines

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marines Retired

11. BIRTHPLACE (State or foreign country): Stanford, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Ewing

14. MOTHER'S MAIDEN NAME: Ollie M. Sampson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Anna M. Ewing Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Pancreas — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-16-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, Pancreas

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 19 53, to Sept. 12, 19 53 that I last saw the deceased alive on Sept. 12, 19 53, and that death occurred at 11:40 AM, from the causes and on the date stated above.

SIGNATURE C.S. Dozier, Jr. (Degree or title) LT MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED September 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF September 15, 1953 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR September 13, 1953

REGISTRAR'S SIGNATURE Elsie Witherington

24. FUNERAL DIRECTOR S.H. HINES FUNERAL HOME, ADDRESS 2901 [illegible] Street, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Montgomery — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine View [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: ✓ — COUNTY: [illegible]
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
   STREET ADDRESS (If rural give location): 1020 R. I. Ave. N. E.

3. NAME OF DECEASED: (First) MARY (Middle) (Last) FARROW

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/16/1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lacede, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Leonard Prunty

14. MOTHER'S MAIDEN NAME: Adeline ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): [illegible] (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Opal Egbert Mt. Rainier 4103-31st St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a): Cerebral hemorrhage — Interval Between Onset And Death: 5 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b): Cardiovascular renal disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1953, to Sept 4, 1953, that I last saw the deceased alive on 9/4, 1953, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Earl W. Graff M.D. — ADDRESS: 3400 24th St NE — DATE SIGNED: 9-4-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/8/1953 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR: 9/8/53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Nalley's Funeral Home, 5206 R. I. Ave. Mt. Rainier Md.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 5 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 12126-Viers Mill Road.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Baby Girl Farwell
4. DATE OF DEATH: (Month) (Day) (Year) Sept. 2 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Sept. 2, 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Farwell
14. MOTHER'S MAIDEN NAME: Arlene Stick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mother.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Prematurity
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1953 to 9/2, 1953 that I last saw the deceased alive on 9/2, 1953, and that death occurred at 10.35 A., from the causes and on the date stated above.
SIGNATURE Julius Fagel (Degree of title) M.D. ADDRESS 1723 M. St. N.W. Wash. D.C. DATE SIGNED 9-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/17/53 NAME OF CEMETERY OR CREMATORY SUBURBAN HOSPITAL LOCATION (City, town, or county) (State) BETHESDA, MARYLAND
DATE REC'D BY LOCAL REGISTRAR 9/17/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Amelia Manry Carter per U.S.B. ADDRESS Supt

2093272270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

RECEIVED
SEP 21 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier
STREET ADDRESS (If rural give location) 3801 37th. Street

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Wayne (Last) Ferguson

4. DATE OF DEATH: (Month) September (Day) 23 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: September 19,1953

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 0 Days 3 — IF UNDER 24 HRS.: Hours 17 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Ferguson

14. MOTHER'S MAIDEN NAME: Constance L. McKinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father: William W. Ferguson :Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sclerema — DUE TO — Interval Between Onset And Death: 26 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

773.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 53 to Sept. 23, 53, that I last saw the deceased alive on Sept. 23, 53, and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE H. O. Randel (Degree or title) LT MC USN — ADDRESS U.S.Naval Hospital,NNMC,Bethesda,Maryland. — DATE SIGNED September 24,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF September 25,1953 — NAME OF CEMETERY OR CREMATORY Evergreen Cemetery — LOCATION (City, town, or county) (State) Prince Georges Maryland.

DATE REC'D BY LOCAL REGISTRAR September 24,1953 — REGISTRAR'S SIGNATURE Elsie Whittington

24. FUNERAL DIRECTOR — ADDRESS GASCH'S SONS FUNERAL HOME, Hyattsville,Md.

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RECEIVED
SEP 28 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

5

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (If in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 529 Dale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 529 Dale Drive (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) E (Last) Flaherty
4. DATE OF DEATH (Month) Sept (Day) 16 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 21 1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.A
13. FATHER'S NAME Timothy E. Flaherty
14. MOTHER'S MAIDEN NAME Anne Van Burghem
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Anna T. Flaherty 529 Dale Drive Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1-20.1 Immediate cause (a) Coronary occlusion — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 9/16/53.

23. BURIAL, CREMATION (Specify) Removal
DATE THEREOF 16 Sept 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington D. C. (State)

DATE REC'D BY LOCAL REG. 9-17-53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warren E. Humphrey ADDRESS 8434 Georgia Ave Silver Spring

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 1 Hour 31 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 2450 Iverson Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) (None) (Last) Francisco

4. DATE OF DEATH: (Month) September (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: September 16,1953

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 1 Min. 31

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert J. Francisco

14. MOTHER'S MAIDEN NAME: Mary Alice Barles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Robert J. Francisco: Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.0

Immediate cause (a) congenital atelectasis, bilat. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) pulmonary cyst DUE TO

(c)

Interval Between Onset And Death: birth

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16 1953, to Sept. 16, 1953, that I last saw the deceased alive on Sept. 16 1953 and that death occurred at 11:40 PM, from the causes and on the date stated above.

SIGNATURE H. O. Randel (Degree or title) H. O. RANDEL, LT MC USN, ADDRESS U.S.NavalHospital,NNMC,Bethesda, Maryland DATE SIGNED September 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF September 18,1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR September 16,1953 REGISTRAR'S SIGNATURE Earl Wallington

24. FUNERAL DIRECTOR ADDRESS Chambers Funeral Home, 517 11th. Street, S.E., Washington, D.C.

2093201426

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 3 Hr. 35Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1201 Trenton Place S.E.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) GARREN
4. DATE OF DEATH: (Month) (Day) (Year) September 17 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: September 16, 53
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 3 Min. 35
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Herman L. Garren
14. MOTHER'S MAIDEN NAME: Randolph Watkins
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: (Father) Herman L. Garren Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Congenital Atelectasis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Immaturity

DUE TO (c) Prematurity

Interval Between Onset And Death: birth

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16 1953, to Sept. 17, 1953, that I last saw the deceased alive on Sept. 17 1953 and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE H. O. Randell (Degree or title) H.O. RANDEL, LT, MC, USN ADDRESS U.S.Naval Hospital, Bethesda, Maryland DATE SIGNED September 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF September 22, 1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR September 18, 1953 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

2 93354372

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgom.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 7112 Bells Mill Rd. Route 4

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Belle (Last) Geis
4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-20-73
9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Penn. 35
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Brown
14. MOTHER'S MAIDEN NAME: Jane MacDowell

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington Sanitorium + Hosp. Annex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Cardiac Failure	Terminal
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage	4 wks.
	DUE TO (c) Hypertensive-Vascular disease	years

331 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25, 1953, to 9-14, 1953, that I last saw the deceased alive on 9/4, 1953, and that death occurred at 3:40 PM from the causes and on the date stated above.

SIGNATURE Robert Affare M.D. (Degree or title) ADDRESS Takoma Park Md. DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Interment Burial — DATE THEREOF Sept 7-1953 — NAME OF CEMETERY OR CREMATORY Altoona Penna — LOCATION (City, town, or county) Altoona, Penna. (State)

DATE REC'D BY LOCAL REGISTRAR Sept-7-1953 — REGISTRAR'S SIGNATURE J. Adam Dodd — 24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS Washington, DC.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 8 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): 1 Month 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Kensington
STREET ADDRESS (If rural give location): 3103 Ferndale Street

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Maude (Last) Glass

4. DATE OF DEATH: (Month) September (Day) 27 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: February 10 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 7 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Caldwell North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Bryant
14. MOTHER'S MAIDEN NAME: Nancy E. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son: Ray E. Glass Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset And Death: 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of cervix

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 19 53, to Sept. 27, 1953, that I last saw the deceased alive on Sept. 27 19 53, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. G. [illegible] LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland September 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF: September 30 1953
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: [illegible] 28 1953
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS
Warner E. Pumphrey Funeral Home, 8434 Georgia Avenue, Silver Springs, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 324

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9810 Grayson Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 9810 Grayson Avenue

3. NAME OF DECEASED: (Type or Print) (First) HARRIET (Middle) E. (Last) GOLDBACH

4. DATE OF DEATH: (Month) September (Day) 26 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/14/83

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Jersey City, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Picker

14. MOTHER'S MAIDEN NAME: Mary Ranker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Frank P. Goldbach, 9810 Grayson Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Carcinomatosis — Interval Between Onset And Death: 2 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Carcinoma Breast (left) — 8 yrs

DUE TO (c)

170 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 1945 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma left Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Sept 26, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at Sept 26 2:00 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) H B Orleans M D — ADDRESS 9500 Colesville Rd. — DATE SIGNED Sept 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 9/26/53 — NAME OF CEMETERY OR CREMATORY Arlington Cemetery — LOCATION (City, town, or county) (State) Arlington, New Jersey

DATE REC'D BY LOCAL REGISTRAR 9-26-53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS Warner E. Pumphrey, 8434 Ga. Ave. Silver Spring, Maryland

VS. A15-1

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SEP 30 1933
BUREAU V. S.

Film #G159 Item 12 10/28/53 erp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 8715 Cameron St
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 8712 Cameron St S Smd

3. NAME OF DECEASED: (Type or Print) (First) Ligga (Middle) (Last) GOMBERG
4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH:
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathen Chabat
14. MOTHER'S MAIDEN NAME: Hudel Mizrachim

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) X (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: William Gomberg

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 min?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis — 5 yrs

DUE TO (c) — many yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to 9/25 1953, that I last saw the deceased alive on 9/25, 1953, and that death occurred at 9:45 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving W. Winch, M.D. ADDRESS 5415 Conn Ave NW, Wash DC DATE SIGNED 9/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-26-53
NAME OF CEMETERY OR CREMATORY Kind David Mem. Cemetery
LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REGISTRAR 9-28-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR B. Danzansky & son ADDRESS 3501-14 St NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 10 1930
BUREAU V. S.

Item 9 9/29/53 Film G158 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 224 Sheridan St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Joseph (Last) Grady
4. DATE OF DEATH: (Month) Sept (Day) 23rd (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6-6-76
9. AGE last birthday: 77 ~~79~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Grady
14. MOTHER'S MAIDEN NAME: Catherine Lynch
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: (Daughter) Mrs. Leo T. Callahan 224 Sheridan St., N.W. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary sclerosis — 5 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Generalized arteriosclerosis — 10 yrs.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [✓]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Sept 23, 1953, that I last saw the deceased alive on 9.22, 1953, and that death occurred at 6 55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel M. Bagsant MD — ADDRESS Wash DC — DATE SIGNED 9.23.53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 9-23-1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR 9-23-1953 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Taffee — ADDRESS 415 H St. N.W. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
SEP 24 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1519 Hanby Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1519 Hanby Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Griffith

4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/21/02

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. L. Griffith

14. MOTHER'S MAIDEN NAME: Lillian Anna Denegri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 578-03-7414

17. INFORMANT & ADDRESS: Mrs. Louise E. Griffith, 1519 Hanby St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Heart disease — 1 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Emil G. Bauersfeld, M. D. Sub: ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐

DATE SIGNED: 9/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/29/53

NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: [illegible] 9 53

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Warner E. Humphrey, 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 -

OCT 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X

LENGTH OF STAY (in this place) 1 Month 4 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ✓

STATE Virginia COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington

STREET ADDRESS (If rural give location) 5131 11th Road South ✓

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Loy (Last) Grooms

4. DATE OF DEATH: (Month) (Day) (Year) September 29 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 27 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 6 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Cottage Home, Tennessee 3

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rufus W. Grooms

14. MOTHER'S MAIDEN NAME: Ida Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WWI WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Margaret M Grooms Same ... #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Auricular Fibrillation and Cardiac Decompensation 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1953, to Sept. 29, 1953, that I last saw the deceased alive on Sept. 29, 1953, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh (Degree or title) ADDRESS DATE SIGNED

R. O. PECKINPAUGH, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland September 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial

DATE THEREOF September 30 1953

NAME OF CEMETERY OR CREMATORY Grooms Cemetery

LOCATION (City, town, or county) (State) Wilson, Tennessee

DATE REC'D BY LOCAL REGISTRAR September 30 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS

Demaine's Funeral Home, 520 South Washington, Alexandria, Virginia.

VS. A...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1943
BUREAU V. S.

Item 8 Film G158 9/14/53 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X
LENGTH OF STAY (in this place) 1 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monta.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville X
STREET ADDRESS (If rural give location) 904 Orchard Way

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Belle (Last) Gutridge
4. DATE OF DEATH: (Month) (Day) (Year) September 9 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 19, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Silas Staples
14. MOTHER'S MAIDEN NAME: Catherine ~~Kathy~~ Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Florence Bryan - 904 Orchard Way Colesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Sept 9, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 11:47 p.m. from the causes and on the date stated above.

SIGNATURE A. D. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring - Md DATE SIGNED 9/10/53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) BURIAL
DATE THEREOF Sept. 12, 1953
NAME OF CEMETERY ~~OR CREMATORY~~ Congressional
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9-15-53
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR W. W. CHAMBERS ADDRESS 1400 Chapin St N.W. Washington, D.C.

from Frances Potter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (In this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3918 Decatur Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural, give location) 3628 18th St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Cornelius (Last) Hazel
4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 31, 1898
9. AGE last birthday 54 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yeast Worker
10b. KIND OF BUSINESS OR INDUSTRY Yeast Manufacture
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Francis Hazel
14. MOTHER'S MAIDEN NAME Elizabeth Ann White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 21-23-2000
17. INFORMANT AND ADDRESS Niece - Mrs. Mary Clayton - 3918 Decatur Ave Kensington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	3 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial infarction	3 mos.
	(c) Rheumatic heart disease - with calcific aortic Stenosis	25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1953, to Sept. 12, 1953, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE Morris Perry M.H. (Degree or title) ADDRESS 11602 Georgia Ave Silver Spring DATE SIGNED 9-12-53

23. BURIAL CREMATION REMOVAL (Specify) DATE 9-15-53 NAME OF CEMETERY OR CREMATORY Cedar Grove LOCATION (City, town, or county) (State) Bealton Va

DATE REC'D BY LOCAL REG. 9/14/53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave NW Wash DC.

mnb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
SEP 17
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8701 Bradford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8701 Bradford Rd

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Lawton (Last) Heath

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-4-1899
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) personnel officer
10b. KIND OF BUSINESS OR INDUSTRY NNKRA
11. BIRTHPLACE (State or foreign country) N. J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Howard Heath
14. MOTHER'S MAIDEN NAME Mary E. Lawton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Helen M. Heath (wife) 8701 Bradford Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Brockhart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 9-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Trans.
DATE THEREOF 9/19/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Trenton, Mercer Co., N.J.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS-A15A

RECEIVED
SEP 23 19.3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

I

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md
STREET ADDRESS (If rural give location) 1954 Seminary Rd

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) E. (Last) Hilts

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: May 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). retired

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Public Roads

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyra Hilts

14. MOTHER'S MAIDEN NAME: May Hilts Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: yes

17. INFORMANT & ADDRESS: Mrs. Marion B. Hilts, 1954 Seminary Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 3 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1953 to Sept 5, 1953 that I last saw the deceased alive on Sept 5, 1953, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE Patrick C. Jameson M.D. (Degree or title) ADDRESS 1100 Seminary Pl Silver Spring Md DATE SIGNED Sept 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 9/9/53 — NAME OF CEMETERY OR CREMATORY Glenwood Mem. Gardens Cemetery — LOCATION (City, town, or county) Broom All, Pennsylvania (State)

DATE REC'D BY LOCAL REGISTRAR Sep 9-1953 — REGISTRAR'S SIGNATURE J. Wm. Dodd

24. FUNERAL DIRECTOR Warner & Dunphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

9/5/53
Dr. Broschart chaud case
8 45/a.m. H. Chilson R.N.

RECEIVED
SEP 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05172

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9516 Thornhill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9516 Thornhill Road

3. NAME OF DECEASED: (Type or Print) (First) Gusta (Middle) B. (Last) Hobbs
4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 8/10/83
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton B. Barnum
14. MOTHER'S MAIDEN NAME: Jessie H. Pratt

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 316661
17. INFORMANT & ADDRESS: Mrs. John F. McClelland, 9516 Thornhill Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset And Death: 4 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio-Sclerosis — Several years

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 1951, to 9/3, 1953, that I last saw the deceased alive on 8/31, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Merritt G. Cross M.D. (Degree or title) ADDRESS 8248 Georgia Ave. Silver Spring, Md. DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 9/4/53
NAME OF CEMETERY OR CREMATORY Albany Rural Cemetery
LOCATION (City, town, or county) (State) Albany, Albany County, N. Y.

DATE REC'D BY LOCAL REGISTRAR 1-5-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 0
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington; LENGTH OF STAY (In this place): 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Plyers Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington; STREET ADDRESS (If rural, give location): Plyers Mill Rd

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) (Last) Hopkins

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 25

9. AGE last birthday: 69 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Hodge

14. MOTHER'S MAIDEN NAME: Minnie Hodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure — Interval Between Onset and Death: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver — 2 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR:

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bozzhart M.D. (Degree or title) ADDRESS: Gaithersburg md DATE SIGNED: 9-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9/11/53; NAME OF CEMETERY OR CREMATORY: Sandy Spring; LOCATION (City, town, or county) (State): Sandy Spring, Md

DATE REC'D BY LOCAL REG.: 9-11-53; REGISTRAR'S SIGNATURE: Frances Potter; 24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN (Also give nearest town) Rural Brookville
LENGTH OF STAY (in this place) MARYLAND all Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS BROOKE GROVE HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOKEVILLE MD
STREET ADDRESS (If rural give location) Olney

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) — (Last) HOWARD

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: MARCH 4. 1866
9. AGE last birthday: 87 yrs.
If UNDER 1 YEAR: Months Days
If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Brice Worthington Howard
14. MOTHER'S MAIDEN NAME: Catherine Arnoldoff.

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Margaret Howard Brookville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Acute Cardiac Dilitation — Interval Between Onset And Death 2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 3 mos
DUE TO (c) Senile Arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/ ..., 19 53, to 9/11/ ..., 19 53, that I last saw the deceased alive on 9/10 ..., 19 53 and that death occurred at 11:10 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) J W Bell M.D.
ADDRESS Sandy Spring
DATE SIGNED 9/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 14 1953
NAME OF CEMETERY OR CREMATORY St John Cemetery
LOCATION (City, town, or county) (State) Olney Md

DATE REC'D BY LOCAL REGISTRAR 9-14-53
REGISTRAR'S SIGNATURE Belinda B Lawler
24. FUNERAL DIRECTOR Roy W. Barber
ADDRESS Laytonsville Md

VS. 1-53

RECEIVED
SEP 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, MD. — LENGTH OF STAY (in this place) 27 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8502 Houston ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8502 Houston ST.

3. NAME OF DECEASED: (Type or Print) (First) RUSSELL (Middle) WILLIAM (Last) HOWELLS

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Feb. 18, 1897

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Examiner

10b. KIND OF BUSINESS OR INDUSTRY: Federal Employee

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. N. Howells.

14. MOTHER'S MAIDEN NAME: Anna Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) 1917-1918

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Russell Wm. Howells 8502 Houston St., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Myocardial Infarction, Acute — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary Artery Occlusion

DUE TO

(c) Coronary Atherosclerosis.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1953, to Sept. 18, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE James A. Roberts (DEGREE OR TITLE) M.D. ADDRESS 8901 Colesville Road Silver Spring, Md. DATE SIGNED Sept. 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/22/53 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington County, Va.

DATE REC'D BY LOCAL REG. 9-21-53 — REGISTRAR'S SIGNATURE Frances Miller

24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
SEP 23 1 .5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Takoma Park 22
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 936 Bonifant Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Hunter (Last)

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-5-75

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Hardware Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Hardware Dealer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Hunter, Sr.

14. MOTHER'S/MAIDEN NAME: Hannah Peerce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
153X Immediate cause	(a) Glomerulonephritis Terminal uremia	18 yrs & 6 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Carcinoma of caecum Non Functioning Gall Bladder	3 mos 6 mos
	(c) DUE TO Generalized arteriosclerosis	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: none — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 5-10 ....., 1953, to 9-1 ....., 1953, that I last saw the deceased alive on 8-31 ....., 1953, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Kenneth Slaughter M.D. — ADDRESS: 934 Ellsworth Dr. Silver Spring Md — DATE SIGNED: 9-1-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 9/3/53 — **NAME OF CEMETERY OR CREMATORY:** Rockville Union Cemetery — **LOCATION** (City, town, or county) (State): Rockville, Montgomery Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Sept-4-1953 — **REGISTRAR'S SIGNATURE:** J. Wilson Dodd

24. FUNERAL DIRECTOR — **ADDRESS:** Warner & Humphrey, 8434 Georgia Ave. Silver Spring, Md.

VS/A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland, F COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 6421 78th st. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) McClelland (Last) Ingram
4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 6-10-'86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Gov. Employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M. Ingram
14. MOTHER'S MAIDEN NAME: Mary J. Montgomery

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Hosp. charts

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 ...

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congestion Heart failure from myocardial

DUE TO

(c) infarction & asthma.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1953, to 9-23, 1953, that I last saw the deceased alive on 9-23, 1953, and that death occurred at 12:45 PM from the causes and on the date stated above.

SIGNATURE Ure Voe K. Meade M.D. (Degree or title) ADDRESS Takoma Park 12 Md. DATE SIGNED 9-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/28/53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REGISTRAR Sept 23-1953
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Robert H Humphrey ADDRESS 7557 Wisc. Ave Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

County Medical examiner notified & approved

RECEIVED
SEP 25 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A13

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12117 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12117 Georgia Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) S. (Last) JONES
4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 30, 1872
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Emmittsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Sanford
14. MOTHER'S MAIDEN NAME: Anne Creighton Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Harry Arthur Jones, Same Address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval between onset and death: 4-5 yrs

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — ?
(c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1946, to 3 Sept., 1953, that I last saw the deceased alive on 1 Sept., 1953, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE: William D. Aud (Degree or title) M.D. ADDRESS: Silver Spring, Md. DATE SIGNED: 3 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 5, 1953 | NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery | LOCATION (City, town, or county) (State): Forest Glen, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walters, 254 Carroll St. NW Washington, D.C.

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09179

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, rural X
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 6213 Allentown St., S.E.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Frederick (Last) Kelly

4. DATE OF DEATH: (Month) September (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 21, 1916
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (State or foreign country): Petersburg, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Clinton Kelly
14. MOTHER'S MAIDEN NAME: Florence Anna Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife: Jeane Kelly, same as # 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 190X (a) Malignant Melanoma with metastases — Interval Between Onset And Death 2½ years

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 30, 1953, to Sept., 23, 1953, that I last saw the deceased alive on Sept., 28, 1953, and that death occurred at 1:25 PM, from the causes and on the date stated above.

SIGNATURE C. S. Burden Jr. (Degree or title) LT, MC, USN, ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Md. DATE SIGNED Sept., 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct., 1, 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR [illegible], 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Chambers Funeral Home, 517 11th St., S.E., Washington, D. C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca X
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herndon V 43 3
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) L. (Last) Ketron
4. DATE OF DEATH (Month) Sept (Day) 2 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3-20-1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME Jas. Ketron
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wetzel W. Ketron - Chantilly Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Potomac R.
(CITY OR TOWN) Seneca (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-2-53 4 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? drowned while wading

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 9-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 5-1953
NAME OF CEMETERY OR CREMATORY Herman Church
LOCATION (City, town, or county) Ketron Town (State) Va
DATE REC'D BY LOCAL REG. 9/4/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Geo W Wise Esq
ADDRESS 5101 Wis Ave. N.Q.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place) 14-1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5900 Knollbrook Dr.

3. NAME OF DECEASED: (Type or Print) (First) H.V (Middle) GEORGE (Last) KLEIN

4. DATE OF DEATH: (Month) (Day) (Year) 19 -

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Widowed	10/1/76	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School teacher- retired		New York	U.S.A.

13. FATHER'S NAME: Andrew Klein

14. MOTHER'S MAIDEN NAME: Mary Homer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 7 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Congestive [illegible]	[illegible]
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	[illegible]
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 4.05a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/23/53	Ft. Lincoln Cemetery	Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 4 1953	J. Wilson Dodd	S.H. Hines Co.	2901 14th st. N.W. Washington D.C.

RECEIVED
SEP 23 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Damascus
LENGTH OF STAY (In this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Damascus
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Zoa (Middle) Celeste (Last) Layman
4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 21 1878
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Eli Freshour
14. MOTHER'S MAIDEN NAME: Amanda Harp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs. Jesse Clark Damacus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title): [illegible] — ADDRESS: Bethesda Md. — DATE SIGNED: 9/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept 28 1953
NAME OF CEMETERY OR CREMATORY: Mt. Prospect
LOCATION (City, town, or county) (State): Lewistown, Md
DATE REC'D BY LOCAL REG: Sept 28 1953
REGISTRAR'S SIGNATURE: Blanche [illegible]
24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont Md

Della W Burdette mnt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8717 Piney Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8717 Piney Branch Rd

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Matilda (Last) League

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/10/18

9. AGE (last birthday): 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Pastry Shop

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George A. Schaefer

14. MOTHER'S MAIDEN NAME: Margaret E. Burdette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Anna Newlon, Duke St. ext., Alexandria, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bullet wounds in chest — death

(c)

981X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-30-53 — 1 P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? shot by husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M. D. ADDRESS Gaithersburg Md DATE SIGNED 9-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-3-53 — NAME OF CEMETERY OR CREMATORY Wash. National — LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE Francis Tolliver

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 5801-Ches. Ave. Riverdale Md

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8717 Piney Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8717 Piney Branch Road

3. NAME OF DECEASED (Type or Print): (First) Louie (Middle) Furman (Last) League

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/1/14

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Mail Room

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charleston, S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas C. League

14. MOTHER'S MAIDEN NAME: Emmie S. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-07-4545

17. INFORMANT AND ADDRESS: Mr. Harry C. League, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage & laceration — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound Thru Skull — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-30-53 — 1 P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broerman M.D. (Degree or title) ADDRESS: Gaithersburg md DATE SIGNED: 9-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10-3-53 NAME OF CEMETERY OR CREMATORY: Wash. National LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: W. W. Chambers Co ADDRESS: 5801 Cleveland Ave. Riverdale Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4226 E.W. Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4226 E.W. Highway

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Franklin (Last) Lee

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 26, 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Marion Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Andrew Lee

14. MOTHER'S MAIDEN NAME: Isabelle Hunter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mary Wenzel 4226 E.W. Highway

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: about 1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Sept. 3, 1953, that I last saw the deceased alive on Sept 3, 1953, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jan McEwan, M.D. ADDRESS 1922 N.Y. Ave. N.W. Washington D.C. DATE SIGNED Sept. 3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit

DATE THEREOF 9-4-53

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Marion, Illinois

DATE REC'D BY LOCAL REGISTRAR 9/5/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place) Since 1925
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1905 Horde Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1905 Horde Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ORA RUBY LEE

4. DATE OF DEATH: (Month) (Day) (Year) September 20 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 12, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Culpepper, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Philip Wrenn
14. MOTHER'S MAIDEN NAME: Florence Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Raymond Lee, 1905 Horde St., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Sept 20, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 9 40 PM, from the causes and on the date stated above.

SIGNATURE J. Marion Bamhead (Degree or title) M.D. ADDRESS 9241 Col. Blvd. Silver Spring Md. DATE SIGNED 9/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/23/53
NAME OF CEMETERY OR CREMATORY Richardsville M.E. Church Cemetery
LOCATION (City, town, or county) (State) Richardsville, Va.

DATE REC'D BY LOCAL REGISTRAR 9/28/53
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner C. Humphrey
ADDRESS 8434 Georgia Avenue Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
SEP 24 1953
BUREAU V

Item 8-Film G158 9/15/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) (Last) [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) 8 (Year) 19[illegible]

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: Oct. [illegible], 1931
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Peabody's
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: –
17. INFORMANT & ADDRESS: Medical record –

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary hemorrhage, left [illegible]
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hodgkins disease of [illegible] with extension to right and left lungs [illegible]
DUE TO
(c) [illegible]sis.

Interval Between Onset And Death: Indefinit

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION –
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) –
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 19[illegible], to Sept. 8, 19[illegible], that I last saw the deceased alive on Sept. 8, 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE Robert R. Smith (Degree or title) M.D. ADDRESS DATE SIGNED Sept. 8, 19[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-13-1953
NAME OF CEMETERY OR CREMATORY Rosedale
LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-9-53
REGISTRAR'S SIGNATURE A.W.Hedrich
24. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Place ADDRESS

dmr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10106 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10106 Georgia ave.

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) B. (Last) Lewis

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1953

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 13, 1875

9. AGE last birthday 77 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE State or foreign country) Ashburn Va.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME George W Bauchman

14. MOTHER'S MAIDEN NAME Mary Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Everett E Lewis 10106 Georgia ave. Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 hours

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1953, to Sept. 9, 1953, that I last saw the deceased alive on Sept. 9, 1953, and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE: J Marion Bauchman (Degree or title) M.D. ADDRESS 9241 Col. Ozlad. Silver Spring Md. DATE SIGNED Sept. 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9/11/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 9/11/53 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Turnbaugh — ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
SEP 1 . 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montogomery Silver Sp. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Md X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington - D.C.
STREET ADDRESS (If rural give location) 1661- Cresent-st. N.W.

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) (Last) LOCKARD

4. DATE OF DEATH: (Month) SEPT. (Day) 19 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): X Widow.
8. DATE OF BIRTH: 8-17-1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Croy. ( ) Ohio
14. MOTHER'S MAIDEN NAME: Mary DeBarkaloo

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) X (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Records, Maple Lane Sanitarium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.2
Immediate cause (a) ACUTE MYOCARDITIS
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC MYOCARDITIS
DUE TO
(c) MALNUTRITION.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURED NECK OF RIGHT FEMOR

19a. DATE OF OPERATION: JUNE 27, 1953
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
(CITY OR TOWN) WASHINGTON (COUNTY) (STATE) D.C.
TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 26, 1953 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? FELL ON FLOOR

22. I hereby certify that I attended the deceased from July 8, 1953, to SEPT 19, 1953, that I last saw the deceased alive on SEPT 19, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Henry M. Lowden M.D.
ADDRESS 5206 Norway Dr. Chevy Chase, Md.
DATE SIGNED 9/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 9/19/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George Co. Md.
DATE REC'D BY LOCAL REGISTRAR 9-31-1953
REGISTRAR'S SIGNATURE Francis Fetter
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural, give location) 12818 Flack St.

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) (NMN) (Last) Locke
4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-3-82
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lambath
14. MOTHER'S MAIDEN NAME: Mary Lambath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ruth M. Locke -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Anterior Myocardial Infarction

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1953, to 9-12, 1953, that I last saw the deceased alive on 9-12, 1953, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

SIGNATURE Dean H Harding M.D. (DEGREE OR TITLE) 113 Carroll St NW Wash DC ADDRESS DATE SIGNED 9/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9-15-53
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Sept-12-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S H Hines Co 2901-14th St NW Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
SEP 1-
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney X

LENGTH OF STAY (in this place) 2yrs 3mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X

STREET ADDRESS (If rural give location) 12513 Farnell Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Sarah	Virginia	Ludwig	Sept	29	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min
Female	white	widowed.	Jan-14-1875	78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland —	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Bateman	Alice Allen -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N	No	none	M. Alice Smith - 12513 Farnell Dr. Sil. Spr. Md. Daut.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebro-vascular Accident — Interval Between Onset And Death: 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Generalized — 4 YRS

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/1951, to 9/29/1953, that I last saw the deceased alive on 9/28/1953, and that death occurred at 7:01 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 9/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 1 53	Cedar Hill	Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-29-53	Gertrude B Fawley	The S. H. Hines Co	2901-14th St. N.W. Wash. D.C.

VS. 15 T

RECEIVED
OCT 5 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville, Md. — LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1207 Highwood Dr. Temp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Va — COUNTY: Arl.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
   STREET ADDRESS (If rural, give location): 1323 S. Monroe St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Henry	Maley	Sept	7th	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	April 8, 1896	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lab. Asst.	Dept. of Com.	Va	

13. FATHER'S NAME: John E. Maley
14. MOTHER'S MAIDEN NAME: Mary C. Beach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Marvin E. Dodson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of the Bladder — Interval between onset and death: 18 Mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastatic Carcinoma Lung (Embolic) — 12 hrs

(c) Uremia — 10 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb. 19, 1953	Carcinoma of Bladder	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	None	Rockville	Montgomery	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 5, 1953, to Sept 7, 1953, that I last saw the deceased alive on Sept 7, 1953, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Frank	M.D.	1014 Viers Mill Road Rockville Md	Sept 7/1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 7 1953		Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-16-53	Helen S. Eckenfelder per dj.	C. P. Sites	Arlington, Va.

RECEIVED
SEP 17
BUREAU V. S.

Film #G-159 Item No. 7, 10/22/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seneca
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tobytown
STREET ADDRESS (If rural give location): Gaithersburg R.F.D.

3. NAME OF DECEASED: (First) BEULAH (Middle) (Last) MARTIN
4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: January 6, 1905
9. AGE Last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clem Martin
14. MOTHER'S MAIDEN NAME: Clara Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Ruby Martin (Rooter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) DUE TO: Hemiplegia ... right side

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ..... DUE TO: Hemorrhage of Brain
(c) Hypertension & Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1953, to Sept. 4, 1953, that I last saw the deceased alive on Sept. 4, 1953, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) — ADDRESS: Gaithersburg — DATE SIGNED: Sept 7/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/8/53 — NAME OF CEMETERY OR CREMATORY: Family Cemetery — LOCATION (City, town or county) (State): Tobytown. MONTG. Md.
DATE REC'D BY LOCAL REGISTRAR: Sept 8, 1953 — REGISTRAR'S SIGNATURE: Helen S. Eckenfelder
24. FUNERAL DIRECTOR: R. L. Snowden — ADDRESS: Rockville, Md.

dj.

VS. A-15

RECEIVED
SEP 2 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Echo Hts. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6447 Wiscasett Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Echo Hts. X
STREET ADDRESS (If rural give location) 6447 Wiscassett Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) P. (Last) MC CLOSKY

4. DATE OF DEATH: (Month) Sep. (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 11 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): G.S.A.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Hartford, Conn. 06

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John McClosky

14. MOTHER'S MAIDEN NAME: Anne Primrose

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Philipene Insurection

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Rob't. L. McClosky- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute Congestive Failure — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular — 6 yrs.

DUE TO (c) Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Sept. 12, 1953 that I last saw the deceased alive on Sept. 1, 1953 and that death occurred at 3.00 AM, from the causes and on the date stated above.

SIGNATURE John R. Owen (Degree or title) MD. ADDRESS 1801 Eye St. N.W. - Wash. DC DATE SIGNED 9/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-15-53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9/14/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 16 1953
BUREAU V. S.

Items 2 & 3, Film G158 9/18/53 fcv

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda. X
LENGTH OF STAY (in this place) 2 hrs. 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 4825 Essex Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) C. (Last) McDermott

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Approx. 1897-1/1

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Mass. 18

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John F. McDermott

14. MOTHER'S MAIDEN NAME: Annie Tobin.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Geo. H. Longstreet - 31 Harvard St. Worcester Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

286.0

Immediate cause (a) Respiratory Failure — Interval Between Onset And Death: 2 hours.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition — 8 mo.

DUE TO

(c) Starvation — 8 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large Abdominal mass

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1953, to 9/3, 1953, that I last saw the deceased alive on 9/3, 1953, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE Frank G. Jaggers Jr. (Degree or title) MD ADDRESS 5707 Wisconsin Ave. Chevy Chase Md. DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 9/4/53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Worchester (State) Mass.

DATE REC'D BY LOCAL REGISTRAR 9/4/53

REGISTRAR'S SIGNATURE Bessie M. [illegible]

24. FUNERAL DIRECTOR Joseph Gawler Sons ADDRESS 1756 PA ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington. COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1731 N. H. ave. N.W.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Gordon (Last) McDonald.
4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 27, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 6 Days 17 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk.
10b. KIND OF BUSINESS OR INDUSTRY: Australia Embassy.
11. BIRTHPLACE (State or foreign country): Leicester England.
12. CITIZEN OF WHAT COUNTRY? England
13. FATHER'S NAME: Peter McDonald
14. MOTHER'S MAIDEN NAME: Beatrice Sparrow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 089-01-7403
17. INFORMANT & ADDRESS: 4906 Auroto Rd. Son- Donald McDonald Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized peritonitis, DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Suspected diverticulitis & rupture. DUE TO

(c)

Interval Between Onset And Death: 8/23/53 to 9/14/53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/26/53 29/6/53
19b. MAJOR FINDINGS OF OPERATION: Generalized peritonitis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/53 to 9/14/53, that I last saw the deceased alive on 9/13/53, and that death occurred at 7:00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) George K. Aran, Dr. MD. ADDRESS 104 Chevy Chase Dr. Ch Ch. Md. DATE SIGNED 9/14/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 9/17/1953
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Prince George (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 9/15/53
REGISTRAR'S SIGNATURE Tinnie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md

RECEIVED
SEP 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 221 Atlantic Street, S.E.,

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Baker (Last) McLaughlin

4. DATE OF DEATH: (Month) (Day) (Year) September 29 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 16 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania 34

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas William Baker

14. MOTHER'S MAIDEN NAME: Ellen Killgallen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Son: Thomas W. Baker Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

155X

Immediate cause (a) Cholangitis, Suppurative — 1 mo

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Common Duct Obstruction — 3 mos?

DUE TO (c) Carcinoma, Gall Bladder — 10 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1953, to Sept. 29, 1953, that I last saw the deceased alive on Sept. 29 1953, and that death occurred at 10:22 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. [illegible], U.S. Naval Hospital, NNMC, Bethesda Maryland September 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial

DATE THEREOF September 30 1953

NAME OF CEMETERY OR CREMATORY Jefferson Memorial Cemetery

LOCATION (City, town, or county) (State) Pittsburgh, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR [illegible] 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. [illegible] Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0919

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 3 Month 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4615 68th. Place

3. NAME OF DECEASED: (Type or Print) (First) Connie (Middle) Lee (Last) Mc Lean

4. DATE OF DEATH: (Month) (Day) (Year) September 21 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 10, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 11 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government

11. BIRTHPLACE (State or foreign country): Chorpus Christi, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Malcolm J. Mc Lean

14. MOTHER'S MAIDEN NAME: Henrietta Carmichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Ethel E. McLean; Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

022 x

Immediate cause (a) Auricular Fibrillation with Cardiac Decompensation — Interval Between Onset And Death: 7 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Syphilis, cardiovascular, Aortic Aneurysm and ~~Aortit~~ Valvulitis — 8 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1953, to Sept. 21, 1953, that I last saw the deceased alive on Sept. 21 1953, and that death occurred at 7:05 AM, from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh (Degree or title) ADDRESS DATE SIGNED
R. O. PECKINPAUGH, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. September 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF September 24, 1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR September 21, 1953 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Chambers Funeral Home, 517 11th. Street, S.E., Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington 20 San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C
STREET ADDRESS (If rural give location) 928 Longfellow St. N.W. D.C

3. NAME OF DECEASED: (Type or Print) (First) Bella (Middle) — (Last) Mellen
4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7/14/1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 1 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Abraham Kisner
14. MOTHER'S MAIDEN NAME: Fannie Fine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Acute Anterior Coronary Thrombosis with — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardial infarction and congestive heart failure

DUE TO (c) Diabetes Mellitus and Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31, 1953, to 9-7, 1953, that I last saw the deceased alive on 9-7, 1953, and that death occurred at 3 02 pm, from the causes and on the date stated above.

SIGNATURE Dr Vor K. Meade (Degree or title) M.A. ADDRESS 504 Tulip Ave. Takoma Park Md. DATE SIGNED 9-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/9-53 NAME OF CEMETERY OR CREMATORY Nat Memorial Park LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REGISTRAR Sept 7-1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 7 E

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Youngerman Rest Home 109 Forest Street.	STREET ADDRESS (If rural, give location) 109 Forest St.

3. NAME OF DECEASED (Type or Print)	(First) Honora	(Middle) Showman	(Last) Millar	4. DATE OF DEATH	(Month) 9	(Day) 22	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 2-26-1862	9. AGE last birthday 91 yrs.	If under 1 year Months — Days —	If under 24 hrs. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Hagerstown, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Alfred Showman	14. MOTHER'S MAIDEN NAME unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS W. Gassaway - R.F.D. #3 Gaithersburg					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Auto Congestive Heart Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	30 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION //	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946, to 22 Sept, 1953, that I last saw the deceased alive on 21 Sept, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Sherwood Mitchell	MD	Rockville Md	23 Sept 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-24-53	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Sept 24, 1953	REGISTRAR'S SIGNATURE Helen Eckenfelder m.d.	24. FUNERAL DIRECTOR C. C. Gartner	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 10501 Power Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Ann (Last) Miller

4. DATE OF DEATH: (Month) (Day) (Year) September 28 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: September 27 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours 1, Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond LeRoy Miller

14. MOTHER'S MAIDEN NAME: Pauline Mary Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. LeRoy R. Miller, 10,503 Powder Mill Rd. Hyattsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Anoxia	1 Hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) atelectasis right lung	1 Hr
DUE TO		
	(c) (Congenital)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1953, to Sept 28, 1953, that I last saw the deceased alive on Sept 28, 1953, and that death occurred at 7:55 P.m., from the causes and on the date stated above.

SIGNATURE: Philip E. Jones (DEGREE OR TITLE) M.D ADDRESS 916 Ellsworth Drive Silver Spring Md DATE SIGNED 9-28-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/30/53	Parklawn Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 2 1953	J. Nelson Dodge	Warren E. Turpin	8434 Ga. Ave. Silver Spring, Maryland

2993124 5

RECEIVED
OCT 5 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 Mo. 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2101 Yorktown Rd. N.W.

3. NAME OF DECEASED (Type or Print): (First) VRSULA (Middle) S (Last) MOORE

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 18, 1870

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Richmond Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Armin E. Schuman

14. MOTHER'S MAIDEN NAME: Elizabeth Seastet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 2101 Yorktown Rd N.W. Dr Louise Irani Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Congestive heart failure + myocarditis — Interval Between Onset and Death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 9 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt hemiplegia and total aphasia — 5 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 53, to 19 Sept, 19 53, that I last saw the deceased alive on 13 Sept, 19 53 and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert Martyn Jr. MD 5029 Bethesda Ave. Beth. Md 19 Sept 53

23. BURIAL, CREMATION / ~~REMOVAL~~ (Specify) — DATE THEREOF 9-21-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-19-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR 2901 14th St NW ADDRESS The S.H. Hines Co. Washington D.C.

9-21-53

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SEP 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural — LENGTH OF STAY (In this place) 10 Miles
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Connecticut — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naugatuk
STREET ADDRESS (If rural, give location) 475 North Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Edward	Moulthrop	September	23	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 1, 1930	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marine	U.S. Marines	Shelton, Connecticut	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Moulthrop	Hazel Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes		Wife: Barbara M. Moulthrop Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
816X Immediate cause (a) Crushed Chest	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Injuries extreme	5 hrs.
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Muirkirk	P.G.	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Sept 23-53-2:30 P.M.		Driver of auto - head on collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J Brockhaut	M.D.	Gaithersburg Md	9-23-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	September 25 1953	Grove Cemetery	Naugatuk, Connecticut

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
September 24 1953	Earl Whittington	R.A. Pumphrey Funeral Home,	7557 Wisconsin Avenue, Bethesda, Maryland.

RECEIVED
SEP 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8106 Hammon Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural give location) 8106 Hammon Avenue.

3. NAME OF DECEASED (Type or Print): (First) DOROTHEA (Middle) MAY (Last) MURPHY

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 20, 1924

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Morris Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jorge Leo Reyes

14. MOTHER'S MAIDEN NAME: Louise Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT: John Wm. Murphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage, frontal lobe, Left — Interval between onset and death: 7 years

198X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Hemorrhage, Frontal Lobe, Left.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept., 1953, to 20 Sept., 1953, that I last saw the deceased alive on 17 Sept., 1953, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward M.D. ADDRESS: 7112 Eastern Ave Takoma Park Md DATE SIGNED: 20 Sept 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 23, 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county): Arlington (State): Virginia

DATE REC'D BY LOCAL REG.: Sept 21 1953 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: J. Arthur Waltes — ADDRESS: 254 Carroll St. NW Washington D.C.

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 12, Md
LENGTH OF STAY (in this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
~~STATE~~ D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D C
STREET ADDRESS (If rural give location) 5419 - 7th St. N W.

3. NAME OF DECEASED: (Type or Print) (First) Elise (Middle) Elizabeth (Last) Murphy
4. DATE OF DEATH: (Month) 9 - (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-28-91
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C Wolf.
14. MOTHER'S MAIDEN NAME: Minnie J. Friday

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Degeneration due to Coronary Thrombosis — 3 wks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pleural effusion bilateral, sinus — 2 days
DUE TO
260 X (c) Chronic Nephritis — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1953, to 9-24, 1953, that I last saw the deceased alive on 9-24, 1953, and that death occurred at 12:05 P.M. from the causes and on the date stated above.

SIGNATURE De Voe K. Meade M.D. (Degree or title) ADDRESS Takoma Park 12, Md. DATE SIGNED 9-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/24/53 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) Pr Geo Co Md

DATE REC'D BY LOCAL REGISTRAR Sept-25-1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR W. K. Huntemann + Son ADDRESS 5732 Ha Ave Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

EIVED
1953
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn X
STREET ADDRESS (If rural give location) 1121 Church Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (Last) Mushkin

4. DATE OF DEATH: (Month) (Day) (Year) September 24, 1953

5. SEX: F F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 19, 1881
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): –
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dave Rosenberg
14. MOTHER'S MAIDEN NAME: Mary Goldberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: –
17. INFORMANT & ADDRESS: Medical Record - The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X

Immediate cause (a) Postoperative state (resection of stomach -19-53 for carcinoma)
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy, chronic passive congestion of liver and lung; Arteriolarnephrosclerosis

19a. DATE OF OPERATION: Sept. 19, 1953
19b. MAJOR FINDINGS OF OPERATION Carcinoma
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) –
(CITY OR TOWN) – (COUNTY) – (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) – m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from Sept. 9, 1953, to Sept. 24, 1953, that I last saw the deceased alive on Sept. 24 1953, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE L. L. Ashburn (Degree or title) ND ADDRESS Nat. Inst. of Health DATE SIGNED Sept. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-27-53
NAME OF CEMETERY OR CREMATORY Beth David Cemetery
LOCATION (City, town, or county) Elmont L.I. (State) N.Y.
DATE REC'D BY LOCAL REGISTRAR 9/24/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS 3501-14 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
SEP 28 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 24 LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash.
STREET ADDRESS (If rural give location) 501 Nicholson St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) None (Last) Nachman

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-17-85
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Tailoring
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Nachman
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: patient's Chart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Acute anterior myocardial infarction — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1953, to Sept. 2, 1953, that I last saw the deceased alive on Sept. 2, 1953, and that death occurred at 10:50 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Vance J. Maloney Jr. M.D. ADDRESS Takoma Park Md. DATE SIGNED Sept. 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 3-1953 NAME OF CEMETERY OR CREMATORY Natl. Mem. Park LOCATION (City, town, or county) Falls Church Va (State)

DATE REC'D BY LOCAL REGISTRAR Sept 2-1953 REGISTRAR'S SIGNATURE J. Wilson Dodd 24. FUNERAL DIRECTOR Gresham Funeral Home ADDRESS 4217-9th Nw. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
SEP 4 1953
BUREAU V. S

Film G 158 Item #8 10/8/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) ~~Neel~~ (Middle) Thompson Gregory (Last) Neel

4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 8, 1907
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank A. Neel
14. MOTHER'S MAIDEN NAME Cora Roland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-18-1376
17. INFORMANT AND ADDRESS Mrs. Elsie Leaman — 4528 South Chelsea Lane Bethesda, Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

535 X Immediate cause (a) Tetanus — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tooth extraction — 7 days

(c) Meningitis, acute

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 9/11/53

23. MATERIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 13-53
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REG. 9/20/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1bA

RECEIVED
OCT 2 ..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8930 GREENTREE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA X
STREET ADDRESS (If rural give location) 8930 GREENTREE RD.

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) RICHARDSON (Last) NEVIUS

4. DATE OF DEATH: (Month) SEPT (Day) 21 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 24 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM ~~NEVIUS~~ Richardson

14. MOTHER'S MAIDEN NAME: BARBARA LAUXMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: JOSEPH B. NEVIUS 5614 N. CAPITOL ST WASHINGTON DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) .. coronary occlusion — Interval Between Onset And Death: 3 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) .. cardiovascular renal disease — 12 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 1938, to Sept 21, 1953, that I last saw the deceased alive on Sept 19 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE C. E. Quayle (Degree or Title) M.D. ADDRESS 1822 Biltmore St. N.W. Washington DC DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 9/24/53 — NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 9/22/53 — REGISTRAR'S SIGNATURE Rosie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St N.W. Washington DC

VS. A15

RECEIVED
SEP 25 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE 3930 Conn. Ave. N.W. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (None) (Last) Norwood

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 1, 1882

9. AGE: 91 yrs. If birthday: IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None (Usual)

11. BIRTHPLACE (State or foreign country): Athens, Georgia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Samuel Barnwell

14. MOTHER'S MAIDEN NAME: Rachel Reeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS (Daughter) Miss Mary Rose Norwood 3930 Conn. Ave. Wash. DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebravascular Accident — Interval Between Onset And Death: 30 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension Severe — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Sept. 9, 1953, that I last saw the deceased alive on Sept. 9, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE C. R. Anderson (Degree or title) M.D. ADDRESS 7600 Carroll Ave Takoma Park Md DATE SIGNED 9.9.53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-11-1953 | NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 9-1953

REGISTRAR'S SIGNATURE J. Wilkin Dodd

24. FUNERAL DIRECTOR Joseph Hawkins Sons ADDRESS 1756 Pa. Ave. N.W. Wash. D.C.

RECEIVED
OCT 11 1 53
BUREAU V. S.

Film#G159 Item#8,9 11/20/63 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Silver S Prin, Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 9810 Ga Ave.
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3533 - 16th st NW COUNTY Wash. D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine - (Middle) Teresa O Brien (Last) Dec. 15, 1866
4. DATE OF DEATH (Month) 9 - (Day) 5, (Year) 1953

5. SEX Female
6. COLOR OR RACE white.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow.
8. DATE OF BIRTH 9-30-1883
9. AGE last birthday 70 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Mullney.
14. MOTHER'S MAIDEN NAME Katie Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(9056) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip

19a. DATE OF OPERATION 6/27/53
19b. MAJOR FINDINGS OF OPERATION Hip nailing
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Fracture left hip
(CITY OR TOWN) Wash - D.C. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 - 23 - 1953 4 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fall on step leaving building

22. I hereby certify that I attended the deceased from 6/23, 1953, to 9-5, 1953, that I last saw the deceased alive on 9-4, 1953, and that death occurred at 12:35A m., from the causes and on the date stated above.

SIGNATURE R C Kirchner (Degree or title) M.D. ADDRESS 907-11th St NE - Wash D C DATE SIGNED 9-5-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 9-9-53
NAME OF CEMETERY OR CREMATORY Loudon Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 9-5-53
REGISTRAR'S SIGNATURE Frances Fetter
24. FUNERAL DIRECTOR Martin W Hyrung ADDRESS
1300 Hill NW Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, rural X
LENGTH OF STAY (in this place) 22 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 717 "C" Street N.E.

3. NAME OF DECEASED: (First) Anna (Middle) Mae (Last) Oliver

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 8 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months 10 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Houge

14. MOTHER'S MAIDEN NAME: Annie Hutchinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Naval Air Station, ZP3, Son: Richard Oliver Lakehurst, New Jersey.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, left kidney with metastases DUE TO — Interval Between Onset And Death: 9 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 19 53, to Sept. 2, 19 53, that I last saw the deceased alive on Sept. 2, 19 53, and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS DATE SIGNED

Q.J.FLORENCE,CDR,MC USN, U.S.Naval Hospital,NNMC,Bethesda,Maryland. September 3,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF September 6,1953

NAME OF CEMETERY OR CREMATORY Congressional Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR September 3,1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Lee Funeral Home, 4th.& Massachusettes Ave., N.E., Washington, D.C.

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SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN MUST BE RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4715 Essex Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 4715 Essex Avenue

3. NAME OF DECEASED (Type or Print): (First) Matthias (Middle) N. (Last) ORFIELD

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 8/3/1884

9. AGE last birthday: 69 yrs. If under 1 year: Months 1 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lars Orfield

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mr. Hillard Rice-919 Lakeview Dr. nephew Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Respiratory Failure	2 hrs?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	2 days
	(c) Arteriosclerosis and Coronary artery disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 9/22, 1953, that I last saw the deceased alive on 9/22, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Y. Joggues Jr. M.D. ADDRESS 5707 Wisconsin Ave. Chevy Chase, DATE SIGNED 9/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial-transit; DATE THEREOF 9/24/1953; NAME OF CEMETERY OR CREMATORY Lakewood; LOCATION (City, town, or county) (State) Hennepin Co. Minnesota

DATE REC'D BY LOCAL REG. 11-4-53; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4621 N. Chelsea Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 4621 N. Chelsea Lane

3. NAME OF DECEASED: (Type or Print) (First) MATTIE (Middle) E. (Last) OWENS

4. DATE OF DEATH: (Month) (Day) (Year) September 9, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 6, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 10, Days 3; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Saleswoman - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Dress Shop

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ? Wilson

14. MOTHER'S MAIDEN NAME: Florence Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 369-18-0272

17. INFORMANT & ADDRESS: Merle Mae Wales-Item# 2

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 32 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Essential Hypertension — att. 8 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Sept. 9, 1953, that I last saw the deceased alive on Sept. 9, 1953, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Leo M. Curtis, M.D. ADDRESS: 5707 Wisconsin av. Chevy Chase, Md. DATE SIGNED: Sept. 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 9-11-53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR: 9/11/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Robert T. Pumphrey, Bethesda, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural X
LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 00 c1-4
STREET ADDRESS (If rural give location): 3114 Westfield Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Benjamin (Last) Patience

4. DATE OF DEATH: (Month) (Day) (Year) September 2 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 17, 1889

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months 4 Days 15 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James. J. Patience

14. MOTHER'S MAIDEN NAME: Rose Marie Shippile

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes. (If Yes, give war or dates of service) WW1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Anna L. Patience Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) BRONCHIOGENIC CARCINOMA — Interval Between Onset And Death: 2 Y2 YEARS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) CARCINOMATOSIS — 6 MONTHS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 18, 19 53 to Sept. 2, 19 53, that I last saw the deceased alive on Sept. 2, 19 53, and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE: P. R. JAMES — (Degree or title): LT., MC, USN. — ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: Septem

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: September 4 1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR: September 2 1953 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: Leonard J. Ruck & Sons Funeral Home, — ADDRESS: 5303-09 Harford Road, Baltimore, Maryland.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chevy Chase Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 112 Quincy Street

3. NAME OF DECEASED (Type or Print) (First) Harald (Middle) Georg (Last) PESTALOZZI
4. DATE OF DEATH (Month) Sept. (Day) 11, (Year) 1953
5. SEX Male MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-4-1901
9. AGE last birthday 52 yrs. If under 1 year Months 1 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Manager
10b. KIND OF BUSINESS OR INDUSTRY Ch.Ch. Club
11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wilhelm W. Pestalozzi
14. MOTHER'S MAIDEN NAME Ellen Karberg Pestalozzi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 073-14-4829
17. INFORMANT AND ADDRESS Frances C. Pestalozzi-Same As Item2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia - Drowning - Suicidal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Emil T. Tamersfeld M.D. (Degree or title) ADDRESS Bethesda, Md. DATE SIGNED 9/11/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/15/1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. 9/11/53
REGISTRAR'S SIGNATURE Bessie M. Mansour
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monta.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jennifer (Middle) Doris (Last) Pope

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 8.18.53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 17 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Thomas Pope

14. MOTHER'S MAIDEN NAME: Doris Virginia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 762.5 (a) neonatal atelectasis — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) extreme prematurity — 17 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.18.....,1953, to 9.4.53, 19....., that I last saw the deceased alive on 9.4., 1953, and that death occurred at 4:20 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

9.4.53 M.D. Olney Md. Lillian K. Ziegler

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 5, 1953

NAME OF CEMETERY OR CREMATORY Damascus

LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR 9-4-53

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.

ADDRESS

VS. A1

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SEP 9 1953
UREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Inc. 500 W. Montg. Ave. Rockville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Chestnut Lodge Sanitarium 500 W. Montg Ave

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Henley (Last) Rioch
4. DATE OF DEATH (Month) Sept. (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 3 1862
9. AGE last birthday 91 yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Missionary
10b. KIND OF BUSINESS OR INDUSTRY Medicine
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY England

13. FATHER'S NAME Henky, George ?
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dr. David Rioch, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) Congestive heart Failure	3 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	20 yrs
	(c) Essential hypertension	25 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ?
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to Sept. 27, 1953, that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE W. Welch (Degree or title) 2D- ADDRESS Rockville DATE SIGNED 9/27/53

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 9-28-53 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 9-28-53 REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert A. Pumphrey Jr. ADDRESS Bethesda Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Derwood R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville R.F.D. 3
STREET ADDRESS (If rural, give location) Norwood Rd.

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) (Last) Riggs
4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1953
5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH August 25 1868
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Dorsey
14. MOTHER'S MAIDEN NAME Mary Warren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Bradley Riggs - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemmorrhage 2 yrs.

(c) Hypertensive Cardiorenal Disease 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Bronchial Asthma 17 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1936, to Sept 2, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (Degree or title) M.D. ADDRESS Norbeck Rt 1 Silver Spring DATE SIGNED 9.4.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 9-6-53
NAME OF CEMETERY OR CREMATORY Mt Pleasant
LOCATION (City, town, or county) Norbeck, Md (State)

DATE REC'D BY LOCAL REG. 9-6-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) 207 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) CLIFFORD (Middle) H. (Last) ROBERTSON

4. DATE OF DEATH (Month) (Day) (Year): Sep. 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-18-1877

9. AGE last birthday: 76 yrs. If under 1 year: Months 2, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Rockville, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Nelson H. Robertson

14. MOTHER'S MAIDEN NAME: Mary Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Eliz. K. Robertson- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420,1 Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: 1 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 4 hours

(c) Asteno Sclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 30 Sept., 1953, that I last saw the deceased alive on 30 Sept. 1953 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

W. S. Murphy, M.D. Rockville Md 30 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-2-53

NAME OF CEMETERY OR CREMATORY: Rockville Union

LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 10-1-53

REGISTRAR'S SIGNATURE: Helen S. Eckenrode, Registrar

24. FUNERAL DIRECTOR: Robert H. Pumphrey

ADDRESS: Bethesda, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2.17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hollow Tree Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Lavinia (Last) Robosson

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2-12-78

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: NURSING

11. BIRTHPLACE (State or foreign country): Flintstone Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dr. Thomas Perry Robosson

14. MOTHER'S MAIDEN NAME: Mary Virginia Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-30-5861

17. INFORMANT & ADDRESS: Mary Bridges Vann, Olney Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinoma — Interval Between Onset And Death: 7 yrs. (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Terminal Pneumonia — 1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7½ yrs. ago.

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Right breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6th, 19.., to Sept 4, 1953, that I last saw the deceased alive on Sept 4, 1953 and that death occurred at 2 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H.K. Vann M.D. ADDRESS 410 Cedar St. N.W. Washington D.C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/6/53

NAME OF CEMETERY OR CREMATORY St. Thomas Epis. Cemetery

LOCATION (City, town, or county) (State) Hancock Md.

DATE REC'D BY LOCAL REGISTRAR 9-8-53

REGISTRAR'S SIGNATURE Gertrude B. Fowler

24. FUNERAL DIRECTOR ADDRESS W. Bruce E. Humphrey, Sabillasville, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 2nd Dist.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolly Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C; COUNTY V 48; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 1105 Webster St NW

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ROHRBAUGH (Last)

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH

9. AGE last birthday: 63 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Balt. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Foy

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Thelma K. Tombies Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Respiration & Cardiac Failure — Interval Between Onset and Death: 36 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis; Cerebral Hemorrhage — 20 years 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1939, to 1/19/53, 19....., that I last saw the deceased alive on 9/12/53, 19....., and that death occurred at 2:53 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1621 Conn Ave NW DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-19-53 | NAME OF CEMETERY OR CREMATORY Washington DC | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9-21-53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Neal Funeral Home | ADDRESS 4812 Hamilton Wash DC

VS. A15

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BUREAU V. S.
1951
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 516

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 W. Thornapple St.	STREET ADDRESS (If rural, give location) 304 W. Thornapple

3. NAME OF DECEASED (Type or Print)	(First) Grace	(Middle) Merrill	(Last) Ruckman	4. DATE OF DEATH	(Month) Sept.	(Day) 6	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 12, 1873	9. AGE last birthday 80 yrs.	If under 1 year Months 3	Days 24	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Norris H. Merrill		14. MOTHER'S MAIDEN NAME Emma Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS 2800 Quebec St. N.W. Rob't. M. Ruckman Washington, D.C.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4721 Immediate cause	(a) Acute Cardiac Failure	5 Min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis c Senile Dementia	9 yr.
	(c) Arteriosclerosis + Cardio Vascular disease	20 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Thrombosis of Veins of left leg	7 Mo.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec., 1947, to 6 Sept., 1953, that I last saw the deceased alive on 3 Sept., 1953, and that death occurred at 8:15 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John G. Ball M.D.	7936 Georgetown Rd.	Bethesda Md.	6 Sept 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 9-9-53	NAME OF CEMETERY OR CREMATORY Ft. Lincoln	LOCATION (City, town, or county) (State) Prince George Co, Md.
DATE REC'D BY LOCAL REG. 9/11/53	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Item 21 Film G158 9-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4816 Chevy Chase Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY V 4 5 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1373 E Street, S. E.

3. NAME OF DECEASED (Type or Print) (First) Solomon (Middle) A. (Last) RUSSELL
4. DATE OF DEATH (Month) Sept. (Day) 11 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13, 1907
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY I.H.Smith Co.
11. BIRTHPLACE (State or foreign country) Jonesboro, Louisiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Dawson Russell
14. MOTHER'S MAIDEN NAME Lona Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 464-05-5483
17. INFORMANT AND ADDRESS Helen T. Russell- Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9145 Immediate cause (a) Electrocution - accidental — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) Bethesda (COUNTY) Montgomery (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 11, 1953 1pm.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Touched high tension wire while working on pole

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Emil G Bauersfeld M.D. (Degree or title) ADDRESS Bethesda Md DATE SIGNED 9-11-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/15/53
NAME OF CEMETERY OR CREMATORY Wash. Natl
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. 9/14/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W.W. CHAMBERS ADDRESS 517 11th Street S.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415A

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SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 7 Hrs.7 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) Presidential Gardens Tyler D-12

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Sheffield
4. DATE OF DEATH: (Month) (Day) (Year) September 2 19 53
5. SEX: MALE Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: September 1, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 7 Min. 7
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard Alstan Sheffield
14. MOTHER'S MAIDEN NAME: Caroline May Anderson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father: Richard A Sheffield Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) IMMATURITY — Interval Between Onset And Death: 4 HRS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) PREMATURITY
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.1 ,19 53 , to Sept. 2 , 19 53 , that I last saw the deceased alive on Sept. 2 , 19 53 , and that death occurred at 4:02 AM , from the causes and on the date stated above.
SIGNATURE H.O. Randel (Degree or title) H.O. RANDEL,LT MC USN., ADDRESS U.S.Naval Hospital,NNMC,Bethesda,Maryland. DATE SIGNED September 3 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF September 4,1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.
DATE RECD BY LOCAL REGISTRAR September 3 1953
REGISTRAR'S SIGNATURE Ewell Whittington
24. FUNERAL DIRECTOR ADDRESS R.A.Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda,Maryland.

209326320

RECEIVED
SEP 4 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3720 Manor Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 3720 Manor Rd

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Martin (Last) Shepherd Sr

4. DATE OF DEATH (Month) Sept (Day) 17 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11-13-1894
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist
10b. KIND OF BUSINESS OR INDUSTRY gas
11. BIRTHPLACE (State or foreign country) Brookfield, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Edward H Shepherd
14. MOTHER'S MAIDEN NAME Georgie P. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. G. M. Shepherd (wife) 3720 Manor Rd Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	2 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brockhart M.D. (Degree or title) ADDRESS Faithersburg Md DATE SIGNED 9-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 9/17/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 9/19/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md. | LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY Wash. D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington. D C.
STREET ADDRESS (If rural give location) 912 Quincy St. N.E. Washington

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	BLANCHE	SINCLAIR	SEPT.	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	White	Widow	4-18-1879	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	U.S.

13. FATHER'S NAME John Butcher.

14. MOTHER'S MAIDEN NAME Sarah Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) ACUTE MYOCARDITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(933.0) (c) PARALYSIS AGITANS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS - FRACTURED HIP (LEFT)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
AUG 3, 1953	SMITH-PETERSON PIN IN LEFT HIP.	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
7	25	53	m.		FELL AT HOME

22. I hereby certify that I attended the deceased from AUG. 20, 1953, to SEPT. 5, 1953 that I last saw the deceased alive on SEPT 5, 1953, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kenyon Loudon	M.D.	5206 Norway Pl. Chevy Chase, Md	9/5/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Sept. 9 53	Lakeview Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-5-53	Frances Keller	The D.H. Hill Sons Co.	2901-14th St. N.W. Wash. D.C.

Reported to and approved by Montgomery County Medical Exam.

The Sth Heirs (Col.)
H. Crawford

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 412 Taylor Street

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) BUSHMAN (Last) Smith
4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 22, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 3 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): New York 24
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank D. Smith
14. MOTHER'S MAIDEN NAME: Josephine Bushman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Florence A. Smith-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 18 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 1-2 yrs?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953 to 9-3, 1953, that I last saw the deceased alive on 9-3, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Nelson W. Gadol M.D. ADDRESS 8016 Georgetown Rd. Bethesda, Md. DATE SIGNED 9/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-8-53
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9/7/53
REGISTRAR'S SIGNATURE Bessie M. Hoogstraat
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Mont Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) E (Last) Smith

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Horse Shoer

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry E Smith

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edw Smith Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Pneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to Sept 13, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at 10.32 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gaithersburg Sept 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 16 1953

NAME OF CEMETERY OR CREMATORY Forest Oak

LOCATION (City, town or county) (State) Gaithersburg Md

DATE REC'D BY LOCAL REGISTRAR Sept 15, 1953

REGISTRAR'S SIGNATURE Ursula G Cooke

24. FUNERAL DIRECTOR Champion Co ADDRESS 5801 Cleveland ave Riverdale Md

RECEIVED
DEC 18 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
   COUNTY: Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 3 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Virginia — COUNTY: Fairfax
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna
   STREET ADDRESS (If rural give location): Route 3

3. NAME OF DECEASED: (First) Harry (Middle) James (Last) Stover

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated Oct. 20 1903

8. DATE OF BIRTH: 49 yrs.

9. AGE last birthday: IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Penna. Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Riley Stover

14. MOTHER'S MAIDEN NAME: Nellie Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (no), or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Vascular disease — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1953, to Sept. 14, 1953, that I last saw the deceased alive on Sept. 13, 1953, and that death occurred at 1:26 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Vane J. Maloney Jr. M.D. — ADDRESS: Takoma Park Md. — DATE SIGNED: Sept 14 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/16/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City or town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 14 1953 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 1400 Chapin St. N.W. Wash. D.C.

RECEIVED
SEP 16 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

231

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 1 day 6 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 6403 Florida St.

3. NAME OF DECEASED: (Type or Print) (First) PORTER (Middle) ROSS (Last) TAYLOR

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 2-93
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Director
10b. KIND OF BUSINESS OR INDUSTRY: American Farm Bu.
11. BIRTHPLACE (State or foreign country): Illinois 11
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Alton Taylor
14. MOTHER'S MAIDEN NAME: Helen Patterson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Corrella W. Taylor - Chevy Chase, Md. 6403 Florida St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4711

Immediate cause (a) Coronary Occlusion c̄ Myocardial Decompensation — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis — 1 yr.

DUE TO

(c) Severe Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Sept., 1953, to 24 Sept., 1953, that I last saw the deceased alive on 23 Sept., 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M. R. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 9-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9-26-53
NAME OF CEMETERY OR CREMATORY FT. Lincoln Cem.
LOCATION (City, town, or county) (State) Washington, DC.

DATE REC'D BY LOCAL REGISTRAR 9-24-53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S.H. Hines, Co ADDRESS 2901 14th St. N.W. Wash. D.C.

VS: A15

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MONTGOMERY COUNTY GENERAL HOSPITAL
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monta
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Hugh (Last) Taylor
4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH 12.11.52
9. AGE last birthday yrs. If under 1 year Months 9 Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel Rounds
14. MOTHER'S MAIDEN NAME Ernestine Deloris Dennis Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE [illegible] (Degree or title) ADDRESS Bethesda Md. DATE SIGNED Oct 16-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/17/53
NAME OF CEMETERY OR CREMATORY Sandy Spring
LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 9-17-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Snowden
ADDRESS Rockville Md

[illegible] 1953 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115A

RECEIVED
SEP
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Mississippi — COUNTY: Harrison
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Handsboro
STREET ADDRESS (If rural give location): Post Office Box 761

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dudley (Last) Taylor

4. DATE OF DEATH: (Month) September (Day) 9 (Year) 19 53

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 16, 1889

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months 2 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Pinson, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John William Taylor

14. MOTHER'S MAIDEN NAME: Jennie Taliaferro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW1 WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 450 Genesea Rd., San Antonio Sister: Mrs. Herschel Cooper: Texas.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinomatosis of Liver — Interval Between Onset And Death: 9 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) probable of Right Renal Origin

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1953, to Sept. 9, 1953, that I last saw the deceased alive on Sept. 9, 1953, and that death occurred at 3:42 AM, from the causes and on the date stated above.

SIGNATURE W. D. BRILL, LT. MC USNR (Degree or title) — ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED September 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial — DATE THEREOF: September 10, 1953 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Gulfport, Mississippi

DATE REC'D BY LOCAL REGISTRAR: September 9, 1953 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R.A. Pumphrey Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland.

REC'D
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington V-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington X
STREET ADDRESS (If rural, give location) 850 N Wakefield St.

3. NAME OF DECEASED (Type or Print) (First) Lessie (Middle) Williams (Last) Terrell

4. DATE OF DEATH (Month) 9 (Day) 27 (Year) 1953

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct. 27, 1882

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William E. Williams

14. MOTHER'S MAIDEN NAME Sue Terrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS 5118 Baltimore Ave. Aubrey H. Terrell Westgate Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident], suicide], homicide , undetermined*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul T. Dauersfeld M.D. Sub-dep. Medical Examiner Montgomery Bethesda Md. Sept. 27-1953

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/30/53

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) Prince George's Co. (State) Md

DATE REC'D BY LOCAL REG. 9-28-53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR 2901 14th St N.W. ADDRESS W. H. Hines Co. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09235

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Takoma Park 22
LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. 22

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 29 Madison St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) (None) (Last) Thacker
4. DATE OF DEATH: (Month) 9 (Sept.) (Day) 19 (Year) 1953.

5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-4-85
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Augusta County, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Titus J. Argonbright.
14. MOTHER'S MAIDEN NAME: Sarah Skyles.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Patient's chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 4 ... (a) Coronary thrombosis - multiple
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 4 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 7:50 PM, from the causes and on the date stated above.

SIGNATURE Ernest A. Sarao MD (Degree or title) 7006 New Hampshire Ave. ADDRESS Takoma Park, Md DATE SIGNED Sept 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 21 1953 NAME OF CEMETERY OR CREMATORY Washington Natl. Cem. LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 19-1953 REGISTRAR'S SIGNATURE J. Nelson Dodd 24. FUNERAL DIRECTOR J. W. Lee & Sons Co. ADDRESS 4th & Mass Ave Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP [illegible] 1[illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
   LENGTH OF STAY (in this place) 2 days 16 h.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE District of Columbia COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
   STREET ADDRESS (If rural give location) 6121 Western Ave

3. NAME OF DECEASED: (First) Bertha (Middle) M (Last) Verville

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 4, 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 10 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY: Teaching

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Herman Kamrath

14. MOTHER'S MAIDEN NAME: Anna Gorrella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Betty Strickler, 4909 Highland Ave, Bethesda Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
170X Immediate cause	(a) Carcinoma, metastatic, both lungs	1 yr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Carcinoma of breast, primary	4 yr.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1952, to Sept 28, 1953, that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 2:48 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo M. Curtis, M.D. 5707 Wisconsin Ave, Chevy Chase, Md. Sept. 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/30/1953 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REGISTRAR 10/2/53 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
OCT 5 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) since 6/1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9632 Harwick Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 9632 Harwick Lane

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) Hodges (Last) WADE

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 19, 1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months 4 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Montg. Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin T. Hodges
14. MOTHER'S MAIDEN NAME: Elizabeth Wise Riley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs.E.B.Coolidge,Sr.-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis Advanced
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Cassus Congestion
DUE TO
(c)

Interval Between Onset And Death: 10 Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Sept, 1953, that I last saw the deceased alive on 9/19, 1953, and that death occurred at 5:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 8016 Kensington Rd DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/23/1953
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR 9/23/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 months 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 4 West Woodbine

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Laura (Last) Weaver
4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 22, 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank Heaton
14. MOTHER'S MAIDEN NAME: Harriet Bowen
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis with — 20 years

DUE TO (c) severe Coronary Artery sclerosis, mitral stenosis and calcified aortic ring — 20 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1953 to 9-22, 1953, that I last saw the deceased alive on 9-21, 1953 and that death occurred at 4:55 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 8005 Woodbury Drive Silver Spring, Md. DATE SIGNED 9/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) [signature] DATE THEREOF 9/24/53 NAME OF CEMETERY OR CREMATORY Ledgewood Cemetery LOCATION (City, town, or county) Sunshine Md (State)

DATE REC'D BY LOCAL REGISTRAR Sept-22-1953 REGISTRAR'S SIGNATURE J. Warm Dodd
24. FUNERAL DIRECTOR Gawlers & Sons 1756 Pa Ave NW Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2[illegible] 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6037 River Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Claude	Eldridge	Weedon IV	Sept.	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	C	Single	4-10-1907	46 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James B. Weedon
14. MOTHER'S MAIDEN NAME: Effie D. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Cole (Sister) 6037 River Rd Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

4-0.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE (PRIMARY OR CONTRIBUTING CAUSE OF DEATH.) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J Bronhart M.D.		Gaithersburg Md	9-8-53

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	9-12-53	Church Cem.	Cropely Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/16/53	[illegible]	Fraga's Funeral Home	R.I. [illegible]

MARGIN RESERVED FOR BINDING

FILL IN WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

Bessie M. Thompson
4600 - Walsh St.
Cheryl Chase Md.

RECEIVED
SEP 18
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colesville Road. Box #8 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton X
STREET ADDRESS (If rural, give location) Colesville Road. Box #8

3. NAME OF DECEASED: (Type or Print) (First) EVALYN (Middle) A. (Last) WHIDDEN

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 3, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months | Days. IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Vasser, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Irving George

14. MOTHER'S MAIDEN NAME: Josephine Herrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: George S. Whidden, Ashton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	
Antecedent cause(s)	DUE TO (b)	with right Hemiplegia	12 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	General arterio sclerosis	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to Sept 10, 1953, that I last saw the deceased alive on Sept 4, 1953, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE L. W. Malen M.D. (DEGREE OR TITLE) ADDRESS Riverdale, Md. DATE SIGNED 9-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept. 12, 1953

NAME OF CEMETERY OR CREMATORY George Washington Cemetery

LOCATION (City, town, or county) Prince George County, (State) Md.

DATE REC'D BY LOCAL REG. 9-11-53

REGISTRAR'S SIGNATURE Frances [illegible]

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Washington, D.C. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monigomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) Route #3

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) (Last) White
4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-6-1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jenkins
14. MOTHER'S MAIDEN NAME: Erie Ella Mason

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: John White - Gaithersburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Cardio respiratory failure — 15 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary thrombosis — 1 day

DUE TO

(c) hypertension & arteriosclerosis — Indef

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 9/2, 1953, that I last saw the deceased alive on 9/2, 1953, and that death occurred at 9:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS [illegible] DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/6/53
NAME OF CEMETERY OR CREMATORY Poplar Grove
LOCATION (City, town, or county) Poplar Grove, Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/8/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECE...
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakmont

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location) Oakmont

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Rodney (Last) White

4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced
8. DATE OF BIRTH Nov 13 1890
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal dealer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph White
14. MOTHER'S MAIDEN NAME SALLIE BRUNNER ~~Mary Brunner~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joseph Rody White Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 9-6-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept 8 1953 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REG. Sept 8, 1953 REGISTRAR'S SIGNATURE Alvada G. Cooke
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural X
LENGTH OF STAY (in this place): 5 Months 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V 48-1
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 4805 4th. Avenue, S.E. Apt. #303

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) Vernon (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) September 8 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 28,1922

9. AGE last birthday: 30 yrs. — IF UNDER 1 YEAR: Months 10 Days 10 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Seattle, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Vernon J. Williams

14. MOTHER'S MAIDEN NAME: Edna Sayce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Wife: Myrtle Williams Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease — Interval Between Onset And Death: 9 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6 19 53, to Sept. 8, 19 53, that I last saw the deceased alive Sept. 8, 19 53, and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE: V.L. Chapman — (Degree or title) LT. MC, USN — ADDRESS: U.S.Naval Hospital,NNMC,Bethesda,Maryland. — DATE SIGNED: September 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial — DATE THEREOF: September 9,1953 — NAME OF CEMETERY OR CREMATORY: SHELTON CEMETERY — LOCATION (City, town, or county) (State): Shelton, Washington

DATE REC'D BY LOCAL REGISTRAR: September 8,1953 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: R.A.Pumphrey Funeral Home,7557 Wisconsin Avenue, Bethesda,Maryland.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 yrs 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 8215 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Eloise (Middle) Florence (Last) Williams

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 23, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Columbia Union S.D.A.
11. BIRTHPLACE (State or foreign country): Sacramento, California
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Franklin Williams
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Washington Sanitarium Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset And Death: Terminal

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Inanition — two years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — Six years.

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Sept 17, 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 4:55 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Hare M.D. ADDRESS Takoma Park Md. DATE SIGNED 9/17/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 18 1953 NAME OF CEMETERY OR CREMATORY George Wash. Cemetery LOCATION (City, town, or county) Hyattsville, Prince Geo. Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept 17 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd 24. FUNERAL DIRECTOR J. Arthur Matters ADDRESS 254 Carroll St. N.E. Takoma Park - D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 1[illegible] 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED (Type or Print) (First) Garfield (Middle) (Last) Williams
4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept.
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Olney, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Luther Williams
14. MOTHER'S MAIDEN NAME Sadie Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Daisy Hall - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple fractures extreme — INTERVAL BETWEEN ONSET AND DEATH: sudden

802 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Head nearly decapitated — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY B&O RR (CITY OR TOWN) Rockville (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) 9-3-53 (Day) (Year) (Hour) 6 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg, Md DATE SIGNED 9-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/5/53 NAME OF CEMETERY OR CREMATORY Oak Grove LOCATION (City, town, or county) Mt Zion (State) Md

DATE REC'D BY LOCAL REG. 9-16-53 REGISTRAR'S SIGNATURE Helen S. Echenfelder M.D.J. 24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
SEP 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09246

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

COUNTY MONTGOMERY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING X

LENGTH OF STAY (in this place) 9 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS JOLLIFES NURSING HOME 60

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING X

STREET ADDRESS (If rural, give location) RFD 2 COLESVILLE RD.

3. NAME OF DECEASED: (Type or Print) (First) PAULINE (Middle) CULLER (Last) WOOD

4. DATE OF DEATH: (Month) SEPT (Day) 28 (Year) 19 53

5. SEX: FEMALE FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: AUG 31, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: REV MARTIN L CULLER

14. MOTHER'S MAIDEN NAME: MARY JANE FLOYD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular accident	5 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Vascular accident (Small)	33 days
DUE TO		
	(c) Hypertension	1½ mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis | Years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1951 to 9-28, 1953 that I last saw the deceased alive on 9-28, 1953 and that death occurred at 4:08 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS 1319 Seminary Pl. Bldg. Rd. DATE SIGNED 9-28-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF Oct 1/53

NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL

LOCATION (City, town, or county) (State) ARLINGTON VIRGINIA

DATE REC'D BY LOCAL REG. 9-29-53

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S.H. Hines Co 2901 14th St N.W. WASHINGTON DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 5-51

RECEIVED
OCT 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09247

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY V-483
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2115 Pennsylvania Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Luetta (Last) Yerkes
4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1953
5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: JUNE 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Pennsylvania 35
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Arthur Watts Yerkes
14. MOTHER'S MAIDEN NAME: Margaret Hallowell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Carolyn Yerkes Spalding - Annapolis Rds. Annapolis Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) ~~[illegible]~~ Bronchopneumonia — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ~~[illegible]~~ — ~~6 [illegible]~~ (?)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-renal disease — ? years

19a. DATE OF OPERATION: 2 none
19b. MAJOR FINDINGS OF OPERATION — —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1953, to Sept. 25, 1953, that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul A. Taylor M.D. ADDRESS 2140 Pa. Ave. N.W. Wash. D.C. DATE SIGNED 9-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 9-27-53
NAME OF CEMETERY OR CREMATORY Hatboro Cemetery
LOCATION (City, town, or county) (State) So. Hampton, Pennsylvania
DATE REC'D BY LOCAL REGISTRAR 9/26/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1953
BUREAU V. S.